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THE

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A JOURNAL

OF THE

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ACUTE GLAUCOMA IN ONE EYE FOLLOWING OPERATION FOR CHRONIC GLAUCOMA IN THE OTHER.

BY C. S. MERRILL, M.D., ALBANY.

This interesting case of chronic glaucoma in one eye and an attack of acute glaucoma in the other, following an iridectomy which had been performed for the cure of the first affected eye, presents so many important points that should be recognized and realized by the general practitioner, as well as the specialist, that it seems desirable to report the case.

It illustrates typically both acute and chronic glaucoma, and impresses on all the necessity for an early and accurate diagnosis and proper treatment, if useful vision would be saved for the patient. The case also shows how brilliant a result—the perfect restoration of vision, as in this case—will follow a properly performed operation in acute glaucoma, even when the vision has been reduced to perception of light, and in chronic cases where the vision has gradually failed until we have only perception of objects we may confidently expect an improvement, though seldom, if ever, full restoration.

Mr. P., aged 51, a merchant, general health good, though has suffered for years with a bad naso-pharyngeal catarrh, consulted me September 18, 1882, with the following history: He stated that last spring his left eye began to trouble him by paining and blurring and the appearance of circles of colored light around a lamp; that he consulted an oculist at that time, who pronounced

it "a case of serous iritis," and treated him during the spring and summer. This eye grew slowly worse and vision gradually failed, until in September, when he came to me, he could only count fingers with that eye at twenty feet, the vision of right being perfect. The eye presented, in a typical manner, all the symptoms of chronic inflammatory glaucoma — markedly increased tension of the globe, pain, enlarged and very sluggish pupil, hazy aqueous humor, congested anterior ciliary veins, the rainbow appearance around a lamp, the peculiar contraction of the field of vision and the ophthalmoscope showed an excavation of the optic nerve and arterial pulsation on its surface.

The diagnosis of glaucoma was made, the patient was told the nature of his disease, and advised to have an iridectomy performed at once. He consented, but, as I requested him to see some one else before I operated, he consulted Dr. Agnew, on September 21, who confirmed the diagnosis and advised the operation.

On the 27th inst., assisted by Dr. Kilbourne and the house staff at the Albany Hospital, we attempted to etherize him, but, owing to the threatening action of the heart and lungs, we desisted, and on the 29th I did an iridectomy upwards without an anæsthetic. The operation was successfully performed, though with great difficulty, owing to the struggling of the patient, who lost all control of himself when suffering pain. A retentive bandage was applied to the operated eye, the other not being bandaged. He was kept quietly in bed, not having any pain or inflammatory action in the eye at any time after the operation.

During the evening of the 30th he complained that the right eye felt uncomfortable, and on trial thought vision in it was a trifle dim. There was no perceptible increase of tension, and the sensations he complained of were thought to be more imaginative than real, inasmuch as he was and always had been an exceedingly nervous man. About three o'clock that night I was called to see him, and found the right eye attacked with acute glaucoma, conjunctival and scleral vessels congested, excessive lachrymation and photophobia, tension increased, some pain in and around eye and vision reduced to counting fingers at twelve feet. Eserine was applied locally, which partially relieved the pain, and morphine given hypodermically.

At eight o'clock the next day, October 1, the symptoms had increased in severity, and he could count fingers at only four feet. I advised an immediate operation on that eye, and did an iridec-

tomy that forenoon without ether. The operation checked the disease completely, and vision improved in each eye so that when first tested, on October 20, he had, with corrective glasses, vision, right, 20-30; left, 20-40. On January 10 his vision had become perfect in the right and nearly so in the left.

This case is interesting as being one of those rare ones where an operation on the first affected eye precipitated an attack in the other, and emphasizes the fact that such acute and chronic cases should be operated on as soon as possible, for the longer the operation is delayed the more impairment of vision will result. The early history of this case also enforces the fact that nothing but an operation will cure such cases of glaucoma.

Simple glaucoma is another form of the disease that is occasionally met with, and is distinguished from the acute and chronic in that there is no apparent inflammatory action. The external appearances of the eye are usually normal, and the only things complained of by the patient are the colored circles around the lamp, failing sight and the contracted field of vision. In such cases the ophthalmoscope shows generally a deep excavation of the nerve. As the disease advances the excavation becomes deeper, the field more and more contracted and vision less and less.

When any of these three forms of disease advance so far that the excessive or long-continued intra-ocular pressure has resulted in complete loss of sight, we speak of the condition as absolute glaucoma. In such a condition the eye is of stony hardness, the lens contracted, the iris atrophied and with the lens pressed against the cornea, the anterior chamber being obliterated, the cornea hazy and insensible and the anterior veins dilated and tortuous. There may be intense pain, though, if the ciliary nerves have been destroyed, the eye may remain insensible and cause no annoyance to the patient.

Glaucoma, in any of its forms, being so easily and accurately diagnosed, the proper treatment being so eminently successful and the lack of it so fatal to and destructive of vision, it is to be hoped that "neglected cases" may be less frequent than in the past.

GRAVE PULMONARY AND CARDIAC SYMPTOMS FOLLOWING WOUND OF MEDIAN CEPHALIC VEIN.

BY F. C. CURTIS, M.D., ALBANY.

The obstruction of branches of the pulmonary artery by emboli from the sytemic veins is an occurrence of no very great rarity. Coming from a thrombus of the veins tributary to the vena cava or from organic disease of the right heart, they cause results varying in character and intensity, being, possibly, so small as to reach the capillaries, or it may be so colossal as to close nearly the whole artery and cause sudden death.

The results upon the lung are, hemorrhagic infarctions (which Virchow discovered), gangrene and metastatic abscesses (due, Wagner thinks, to a putrid source of the embolus), or no injurious results, the parenchyma remaining normal by existing or speedily established anastomosis. As the pulmonary artery is functional and not nutritient, some of the results are not easy to account for. Dyspnœa, or suffocation, or, better yet, painful respiration, suddenly coming on, is the prominent symptom, anxiety, agitation and restlessness accompanying it. The pulse is feeble, rapid and irregular, the skin clammy, there is pallor, but sometimes later cynosis. The intensity of these symptoms varies with the area obstructed.

Within a limited number of years it has been found that, besides this ordinary pulmonary embolism by blood clot, the pulmonary veins may suffer obstruction, under certain circumstances, by oil globules, which may be sufficient to directly cause death. The history of fat embolism is short, its literature yet existing mostly in the periodicals. In 1862, Zenker found at an autopsy upon the body of a man crushed between two wagons that the capillaries of the lungs were filled wfth oil globules. He recorded it as simply an interesting fact, attributing its source to the stomach and liver, the latter being fatty and both being injured. This is given as the first observed instance of its occurrence, but Dr. C. W. Mansell-Moullin, in the first volume of the "International Cyclopædia of Surgery," finds a case reported in 1860, in the *Medical Zeitung*, of Würzburg, by Müller, in which the choroidal vessels were found plugged with

fat particles, supposed to come from an atheromatous aorta, the case being one of Bright's disease and not of injury. Almost simultaneously with Zenker, E. Wagner also discovered and reported cases of oil in the venous blood and a resulting fat embolism of the pulmonary capillaries. His were cases of fatal pyæmia, and he attributed the origin of the fat to metamorphosis of pus. Wagner expressed the opinion, in this connection, that a sudden plugging of the lung capillaries by fat globules might be able to give rise to fatal hyperæmia and œdema of the lungs. Three years later he published a number of cases in which this lesion was found, some of them being cases of rapid death following injury of the long bones and soft parts. In 1866, Busch published an actual case in which death resulted from fat embolism, and he instituted experiments which proved that in fractures of the long bones fat particles of the crushed marrow can be taken up by the veins and carried to the lungs, not producing abscesses and not associated with pyæmia, but producing death by embolic changes. The connection between fatty embolism and fractures of the long bones seems to have been thus established, but its clinical importance appears not to have attracted serious attention, and was ignored by writers until again brought forward by Czerny, of Freiburg, one of the most brilliant of the younger surgeons in Germany, in 1875, when he reported a case in which he diagnosticated the condition and verified it post mortem, at the same time reporting experiments of injecting oil into the jugular vein of dogs, which were found to produce a definite series of symptoms.

The symptoms, briefly stated, are given as follows: Perhaps on the third day after injury — it may be sooner — the patient becomes suddenly restless and excited, the respiration becomes rapid and feeble, as does also the pulse, the face dusky, the temperature falls (an important symptom according to Czerny), the pupils contract, the vesicular respiration is covered by bubbling râles, delirium sets in as the patient fails, convulsive twitchings occur, and he dies after the lapse of some hours from its onset. In some cases oil globules can be found in the urine.

These are the result of extensive absorption of fat. It is to be noted, however, that it may be taken up in moderate amount, and is indeed believed to be so very frequently in long bone fractures, but is of clinical importance only when so abundant as to obstruct the pulmonary capillaries extensively. Its effect upon

other organs is not established, but is probably of small importance in comparison.

Little has been said of its production otherwise than in connection with fractures of long bones, though Böttcher reports a case in the *Dorpat Medicinische Zeitung*, 1877, of its occurrence on the third day after gun-shot wound of the knee, but does not state to what degree the bones were injured, if at all. Wagner, however, speaks of its following laceration or contusion of the subcutaneous adipose tissue. I had the fortune to see a case and witness the post-mortem in 1876. It was under the care of Dr. W. H. Bailey, of Albany, and is by him reported in the State Society Transactions for 1877:

A robust man, intemperate in his habits, falling in the dark, sustained a punctured wound, clearly cut, near the head of the left fibula, wounding a vein, as judged by the hemorrhage. Five days after it had become badly inflamed from use. The swelling extended throughout the limb, with great tenderness, and a few days later was evidently a case of phlebitis. Pulsation ceased in the posterior tibial and then in the femoral arteries, and toward the last deep-seated pus about the knee was detected. As to general symptoms, for eight days after the injury they were simply those of common functional derangement usually attending such grades of wounding. He then began to show nervous symptoms, which it was difficult to say might not be delirium tremens, restlessness, mild delirium, settling into torpor. Otherwise they were much such as could be looked for in disturbance of this gravity. On the 14th day he is noted as having a bad diarrhœa, with tympanitic abdomen; pulse weak and countenance anxious. This was relieved in a measure next day. Towards evening next day dyspnœa came on, gradually growing more urgent, his mind being now clear. His pulse grew feeble as the dyspnœa increased, and he died in five or six hours. The autopsy showed a large abscess under the deep fascia about the region of the knee, extending into the knee joint. Both the femoral artery and vein were inflamed, the dark fluid blood distending the femoral and iliac vein containing an abundance of oil globules. The lungs were markedly congested; blood flowed freely from them on section, and contained, as was readily perceptible, globules of oil. The same was true of fluid blood filling the right cavities of the heart, where, the globules being larger, it was first detected, Dr. S. B. Ward, who was present, calling attention to it. The liver and kidneys showed the same condition. The blood, at first sight, looked as if it contained air churned up in it, especially noticeable in the heart blood. Microscopic examination of the tissues of these organs showed the capillaries choked with oil globules, presenting the appearance as seen in the illustrations given by M. Perls (*Lehrbuch der Allgemeine Pathologischen Anatomie*).

This case, thus clearly shown to be one of fatal fat embolism, is a considerable contribution to the subject, existing as it did,

in connection with phlebitis, pus collection and joint implication, following injury to the vein, but not affecting a part containing much adipose tissue and certainly not connected with injury to the bone. As already said, little is noted regarding its occurrence apart from breaking up of bone marrow. Perls casually remarks that it may take place with pus collections and thromboses, from their fatty degeneration; but I have seen no case reported.

My interest in this subject has received a fresh impulse in the study of a case not yet passed from my observation, which, perhaps not one of fat embolism, has yet features allying it in this direction, and in the connection is well worthy of consideration.

A young married woman, 24 years of age, the mother of three children, always robust in health and never seriously sick for the years that I have known the family, and especially free from any nervous disturbance, had the misfortune on the 20th of March, 1882, to cut herself with a razor, by the jostling of a child, in the bend of the left elbow, inflicting a deep wound half or three-quarters of an inch long and wounding the median cephalic vein. It was simply bound up and little attention paid to it. After twenty-four hours she was taken with the symptoms of a severe cold and I was sent for, finding her having a violent headache and very considerable febrile action. The wound was only casually mentioned. Next day she was much better. I looked at the cut, found it gaping, but with no pain whatever and almost ignored. In the afternoon she began, for some reason, to have pain in the part, which increasing, I was again called and gave an opiate, which relieved it, and directed weak carbolized stupes to be applied. Pain, to a moderate degree, continued next day, but there was no material swelling nor apparent inflammation. The pain was most marked about the insertion of the deltoid, but varied in locality of intensity. The febrile disturbance returned somewhat. There was little change for the next three days. The arm was soft, the pulse good, there was moderate tenderness, but not defined. There was no marked cord-like swelling of superficial veins. Down the forearm was discoloration from effused blood. The temperature fell to normal.

At 9 A. M. of the 29th she was taken somewhat suddenly with suffocation, orthopnœa and intense precordial pain. The face flushed a bright red, fading after a little to moderate paleness. I saw her twenty minutes after the onset. Her sense of suffoca-

tion was agonizing, requiring violent fanning, and she was supported upright in bed. Respiration was rapid and difficult. Pain was very severe about the base of the heart. The pulse was almost wanting. I injected nearly a hypodermic syringe full of whisky into the right arm, soon after which she became easier and the pulse came up and she was getting fairly comfortable when Dr. Van Derveer, who was telephoned for as counsel, arrived. We supposed it to be a case of ordinary pulmonary embolism. As far as could be made out there was no abnormality in the pulmonary or cardiac sounds. As soon as she could swallow, whiskey and carbonate of ammonia were given, and she soon became fairly easy. At this time the wound was full of sprouting granulations, partly covered with a white fibrinous sort of membrane, not diphtheritic, a few days later separating without any semblance of slough. The wound had not enlarged. At Dr. Van Derveer's suggestion, a large flax-seed poultice containing carbolic acid was applied. Next day an erysipelatous spot appeared and spread over one cheek, lasting five days, with submaxillary swelling and pain, subsiding without incident. After the subsidence of the attack she was free from dyspnœa.

On the 31st, at 6 A. M., she had another seizure like the first. I gave a hypodermic of whiskey, with $\frac{1}{4}$ gr. of morphia. The pulse was not so depressed; she was relieved more quickly. At 5 P. M., there was a third attack, milder in character, and a sinapism to the chest was applied, with stimulants and morphia by the mouth, as she could swallow. I spent the night at the house. She slept quietly until at 1 A. M. she began to be restless, and a fourth attack came on, soon growing to great severity. Her face flushed as before, the suffocation grew intense, the pulse became thready. I gave $\frac{1}{4}$ gr. of morphia. It was an hour before she could lie down and three hours before the breathing was easy and the pain endurable. This was her last seizure of any moment at this time. The wound continued much as described, evidently deep, with high granulations, little or no discharge and not seriously painful nor swollen. There was occasionally slight transient suffocation and more or less precordial pain at times, which 10-drop doses of Tr. gelsemium relieved. No abnormality could be made out about the heart or lungs. By the 20th of April she was allowed to move about the house a little and felt fairly well. She had lost a few pounds in weight, and could not get a full, satisfactory inhalation of health.

The wound was about healed, there being a depressed scar of limited extent, and she could not extend the arm fully. After the first of May she came to my office a few times, and about this time complained of severe pain in the back, due apparently to prolapsed ovary, and which a pessary relieved mostly.

Now, as a most unaccountable circumstance, there occurred in the night of May 21 a repetition of the old attack—suffocation and precordial pain, extending now down the left arm to the elbow, from the apex region of the heart. She had exposed herself while warm in the draft of a horse car, and also from an ill-fitting pessary had had an aggravation of the pain in the back. Possibly it may have been sympathetic of these disturbances, manifesting itself in the latest severe expression of pain.

There was no repetition of the seizure until the 17th of October. For five months her health had been good. Then, in the morning, on rising, she felt some oppression, with dull pain and flushing of the face, which continued an hour, when pretty suddenly the pain and dyspnœa came on and soon increased to great violence. I saw her as soon as I could be transported there, half an hour perhaps, and found her sitting by an open window, her face cherry red, struggling for breath and complaining of intense pain at the base region of the heart. Anxiety was not marked, but her suffering was painful to see. Half a grain of morphia hypodermically brought only tolerance, and an hour later it became more violent than ever, so that she had to be restrained from tearing her throat. It finally subsided to a dull pain, which entirely passed away by the next day, and she has been well since. The only incident preliminary to this attack discoverable was suspension of menstruation. Both last attacks seem to be associated with uterine derangement, but they were positively not suggestive of hysteria. At present there is little to be noted apart from health in her case. No lesion of the thoracic viscera can be detected. As to the arm, she has a depressed adherent scar, and is unable to fully extend the arm.

This rather hasty abstract of my notes of this case is, I hope, sufficient to picture it, and, if so, it will, I am sure, be regarded as one of considerable interest. We have here a punctured wound near a joint, but at no time implicating it, cutting a vein, the open mouth of which lay in the wound, and probably setting up a limited inflammation of it, and followed after a few days by the well-marked series of phenomena of pulmonary embolism,

terminating, from present promise, in complete recovery. Admitting that pulmonary embolism occurred in the earliest attacks, what constituted the embolus? As to blood embolism, the phenomena of the attacks were those to be looked for from this cause, especially the sudden onset and the urgency of the symptoms attending the seizures which she had. I am not prepared to say that the case is not one in which successive emboli of blood were carried to the lung. The only objection to this is the immunity of the lung from resultant lesion. This is not an objection that is exclusive, but the clot must have been minute and always falling in a locality whose circulation was easily restored. Could minute clots cause so much disturbance? Probably not.

As to fat embolism, we would not look for any such sudden onset or comparatively transient duration or repeated succession of embolic attacks. And, when the amount of capillary obstruction is sufficient to cause so grave a series of symptoms, death may be regarded as pretty certain after a few hours. But, while the phenomena are not those of this lesion, it offers an easier way to account for the subsequent soundness of pulmonary tissue. No case is recorded of fat embolism under just these circumstances as to tissue injury and the grade of it in severity. But Dr. Bailey's case, as others also, shows its occurrence after injury of the soft parts and near the joints. While this may not be made to warrant the diagnosis of fatty embolism here, the subject, which is yet a new one, has interest in connection with the case, and future observation of cases of this sort, seen at rare intervals, may yet show that fat embolism, which we are already warranted in saying may occur under such circumstances, may be the cause of not fatal pulmonary embolism that is not subsequently followed by pulmonary lesion. Examination of the urine, which was, unfortunately, not made, probably would have settled the question of absorption of fat.

The latter seizures, however, admit of no such explanation, and are difficult to account for. Angina pectoris is suggested, but the symptoms do not all tally with that diagnosis, and there is no heart lesion. The pathogeny of these cardiac neuroses is not, however, fully understood, and perhaps we are compelled to place this case there, or at least among the neuroses, to account for these more recent phenomena.

TWO CASES, WITH AUTOPSIES: CEREBRAL GLIOMA —PERICARDITIS, WITH CARDIAC HYRERTROPHY.

BY T. KIRK. PERRY, M.D., ALBANY.

Cerebral Glioma.—The subject from whom the specimens were obtained, a very aged man, probably 95, had always enjoyed excellent health, and had experienced, up to the last few weeks of his life, no especial cerebral disturbance. About two weeks before he died he began complaining of weakness in his limbs, nausea, loss of appetite and headache. Could use all his limbs and spoke quite distinctly. A few days after the onset of these symptoms he was found in the hall of his house lying unconscious, and apparently lifeless. Life, however was not extinct, and he was placed in bed and made as comfortable as possible. There was noticed a right hemiplegia, and a diagnosis of cerebral hemorrhage seemed undoubted. After two or three days of almost total unconsciousness he began to brighten up, tried to speak, could swallow and manifested a desire to drink. The various functions of the body were fairly performed, and for nearly another week he lived on, growing no better, no worse, but weaker. He died comatose about ten or twelve days after the first attack. The post-mortem revealed a very good condition of the organs in the the thorax and abdomen, except the results of a long-standing hernia, which, with hydrocele, had existed, so far as we know, for half a century. An old circumscribed peritonitis had bound down the bladder, a fold of small intestine and the lower portion of the omentum. A long stretch of the ileum descended through the inguinal canal into the scrotum, and was firmly held in position by old adhesions. The bladder, which could only be distinguished with difficulty, resembled in size and external appearance the rectum. It was four or five inches long, perhaps two in circumference, and of the capacity of two to three ounces. Examining now the cranial contents, there was nothing apparently remarkable or abnormal, save in the anterior left lobe, and here was observed a growth of about the size of an English walnut, flattened. It was just below the convexity of the extreme point of the lobe to the inner side, and had involved, through inflammatory action, the opposite lobe's coverings below the dura mater. So firm were the adhesions

that the longitudinal fissure at this point was effaced, and it required no little force to separate the lobes. There was no evidence in any portion of the brain of hemorrhage, ever so slight, and the apparent apoplexy, hemiplegia, etc., owed its cause, undoubtedly, to the tumor. It was supposed from the general history of the case, age of patient and sudden development of symptoms, that the growth might prove one of those rare conditions, primary carcinoma; but sections of the hardened specimen carefully examined reveal its true nature, and the absence of an alveolar structure, the presence of large numbers of small spherical cells, with almost total obliteration of normal histological elements, characterize it as having sprung, undoubtedly, from the neuroglia, and consequently of the variety known as glioma or glio-sarcoma. It would be extremely interesting to know something of the age of its existence, as there was not the slightest evidence, so far as I know, that any thing was wrong one month before death.

Cardiac Hypertrophy, with Extensive Pericarditis.—A short, stout man of 29, by occupation a hostler, called on me one evening in June of this year, and requested relief from what he had been told was asthma. The condition had been present in a more or less aggravated form for four or five months, but had never incapacitated him from active duties. Puffiness of face, hands and feet was quite marked, and the most casual examination revealed a hypertrophy of cardiac walls, with mitral regurgitation. Analysis of urine showed abundant albumen, with epithelial and hyaline casts, the latter large and broad. The question of priority of possession between a mitral lesion and kidney difficulty in the production of the hypertrophy, as well as the causative agent producing œdema and dyspnœa, became a matter not only of necessity, but interest, and, taking all things into consideration, remembering, too, his more or less constant use of alcohol and exposure to all sorts of vicissitudes, inclined me to the diagnosis and treatment of parenchymatous nephritis.

Against my judgment this man continued work for two weeks after consulting me, at which time he was compelled to discontinue it. He was then unable to lie down, and could scarcely walk across the room. The œdema did not increase, his stomach became tolerant of food, bowels regular and urine passing freely, always albuminous. For the next three weeks progress seemed to be made, and he could lie down in bed, and would sleep a good

part of the night; seemed quite cheerful, and complained of nothing but weakness and an occasional spell of nausea. There was some pulmonary œdema, and the heart's action was rather violent. At about this time, and without warning, he was seized with convulsions, and emerged from one only to be seized with another, this continuing a greater part of the night and only controlled by ether. He regained consciousness towards night of the next day, but seemed much worn down. Began complaining of severe pain in the left side, and a beginning pericarditis was made out.

Dr. Snow saw him with me at this time, and confirmed the diagnosis of nephritis, with pericardial complication. A few days subsequently he was removed to the Albany Hospital, where my diagnosis of nephritis, with pericardial complication, received confirmation, and the treatment instituted was maintained. While in the hospital he began emaciating rapidly, and, although, I think, he had no more convulsions, he became comatose and died about six weeks from my first seeing him and six or eight months from first indications of respiratory disturbance.

He was removed to his home and an autopsy granted, which disclosed the following conditions: The abdominal cavity contained but little fluid; the liver was large and fatty; the kidneys were somewhat diminished in size and showing decided alteration, the exact nature of which we did not agree upon. Dr. H. Hun inclined to the opinion of fatty change, though admitting the possibility of chronic parenchymatous nephritis, while the others, I think, were pretty generally agreed on the latter. The other viscera were about normal. The cavity of the thorax contained a small amount of serum, but nothing further, and the lungs were healthy. The greatest interest, however, centered in the heart and its envelope. As the subject lay these formed a triangle, bounded above by the second inter-space, below by the seventh rib, to the right, two and a half inches from the sternum; to the left, five inches from the sternum, and measuring ten inches in longest diameter. On opening the pericardium it was seen to be filled with serum to the amount of one pint or more, and flocculi of lymph were in abundance. Both visceral and parietal layers of the pericardium showed marked evidence of a recent and very extensive inflammation. The heart was much hypertrophied and weighed, with the pericardium attached and a portion of roots of vessels, two and a quarter pounds.

An important point in this connection is the origin of the pericarditis. One or two present at the autopsy regarded it as having originated independently, or idiopathically if you please, while others, among them myself, believed in its toxic origin, as we had abundant evidence in the history of the case that abnormal quantities of urea had been for a long time present in the circulation.

To me there is a further significance and interest in this case, from the fact that during its continuance I was in attendance on three other cases of a nature, history and termination so similar as to make it, at least, quite remarkable. All were males between 30 and 45. All had been, or were at the time of taking to bed, users of alcohol. All dated their troubles from the time of a beginning asthma or short breath. All exhibited more or less œdema, cardiac hypertrophy and valvular lesion. All lived through the period of puffiness and dyspnœa, save one, and seemed apparently convalescing. All died comatose within a period of three weeks. All showed marked evidence of uræmic disturbance, and two died in convulsions. With two of them post-mortem examinations confirmed the diagnosis.

Radical cure of rupture in 140 cases, by Dr. Geo. Heaton, was accomplished by injecting ext. quercus alb. into the hernial canal outside the peritoneal sac. When it failed to cure, great relief was obtained.—*Louisville Medical News.*

Sir James Paget, in an article in the *Nineteenth Century*, thus illustrates the condition of English anti-vivisection law: "I may pay a rat-catcher to destroy all the rats in my house with any poison he pleases, but I may not myself, unless with a license from the home secretary, poison them with snake poison."—*Canada Medical and Surgical Journal.*

Warm Water in Jaundice.—The *Lancet* states that Mosler has used with success the injection of a large quantity of warm water into the large intestine in catarrhal jaundice. The experiments of Rohrig have shown that such injections have the effect of increasing, for a considerable time, the secretion of bile, and Pieper showed that the bile was thus rendered more diffluent. While the amount of water in the bile was increased, that of solid matter was lessened. About six hours after the injection the solids rise in quantity above the normal and the water falls below it.—*Chicago Medical Review.*

THE MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

EDITORIAL COMMITTEE:

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VOL. IV. JANUARY, 1883. No. 1.

——THE beginning of a new year seems to be a time to take an inventory of the one that is ended. It comes with a day and a night which have twenty-four hours and a round of work, for doctors at least, about the same as the 364 that will tell off its circle when it shall give way to its successor. It is sentimental, perhaps, to treat it in any way differently from those that precede and follow it, but it is a sentiment to which we all give way. And perhaps it is a good thing for us to yield to the spirit of the epoch; we are certainly none the worse for a little reflection on the past and a little forethought of the future that another year is to bring before we step out on its untrodden days.

It is a fashion for the journals to yield as well to this potent spell, and under its influence to promise better things. Doubtless there is often room for it, though it sometimes makes dreary reading, especially when the promises are read monotonously along side of those of a twelve-month before. A promise that is n't balanced by a performance is a one-legged affair, able to stand alone perhaps, but giving little show of getting forward.

In the spirit of the new year, THE ANNALS wishes, however, more to take its inventory than to make its promise. Those who have followed its fortunes will note that it has reached a somewhat special period in its existence. In the concluding number of the last year the fact was set forth that in the three years of its existence it has accomplished that for which it was specially brought into being—to publish in this serial way a third volume of the transactions of the Society of which it is the organ. Ten

years of the Society's history, with biographies of deceased members to date, are thus placed on printed record. This, with current matter of the Society, contributions from outside of it, Alumni and local notes make up the inventory of work done.

And now, having accomplished this, it is apparent that an era has arrived in the history of the journal. Its projectors reach the question whether its existence shall be continued, and, if so, what the journal shall be. We may be helped to an answer by taking an inventory of the surroundings, and then ask what the advantages are of a local journal to Albany and its vicinity. For one thing, it is an announcement of our existence. Albany is a city of nearly one hundred thousand inhabitants, in the highway of travel, the state capital, a place of important enterprises and industries, the meeting place of important associations, having museums, libraries, hospitals and educational institutions, including a medical college of age, among whose graduates are some of the best men in the country, and a professional representation that is not only large, but made up of an unusual proportion of men at or under middle life of extensive technical training. It is the natural centre of a large area. While the metropolis is not far to the south, it is yet far enough to lose much of its attracting influence, as is becoming more and more certain; and to the east, north and west the boundaries, as far as commensurate importance go, are Boston, the Canada towns and Buffalo. There is not probably a community of its size and range in the country that is not supplied with a journal. To hold a dominating influence over its surroundings, the periodical seems to furnish the best means. Probably a carefully conducted and thoroughly supported medical journal would help the profession of Albany almost as much as it is helped by the Medical College. Other interests find it to their advantage to forward themselves in this way. It is an announcement or, if you please, an advertisement of our particular interest. A local journal need not aspire to metropolitan importance, and yet fill an important place for its own territory and in its own metropolis.

To make a respectable impression, however, it is quite essential that the journal should get the work of the best men. If it represents any thing but the best, it in so far misrepresents and injures the whole. The medical faculty of a locality are not estimated by the body—by the general mass—but by its superior men. At any rate, if this is saying too much, it should have the

best work of the profession as a whole. But it is necessary to establish a habit of work in this direction. This habit of more public work has not been cultivated here as it ought to, and we hope will, be.

We hope the journal may make a record of what the hospitals here and in the vicinity may have of interest, and also of the various medical societies. For the latter it ought to be a stimulus to work. Too many of the societies live, if it is living, on but two breaths a year. Our pages are also open to the Alumni Association of the College located here. The journal is not intended for any special interest, but this large body, scattered over the country, may well have a serial in which items of interest to its members may appear, and where contributions from them will meet with special regard. It will no doubt be noted with pleasure by them that Dr. Willis G. Tucker, who has been since its organization the enthusiastic Secretary of the Association, has become one of the editing committee of THE ANNALS, and will contribute notes regarding the Alumni; any items of interest may be sent to him by individuals or class historians. He takes the place of Dr. Featherstonhaugh, who has resigned on account of distant residence and other cares.

Our journal has been hampered, on account of its dual form, with a complicated and disjointed make-up, which will now be done with. It has been unpretentious, but reputable, and a good deal of its material has been found worthy of reappearance in abstract by its contemporaries. It has secured a good list of exchanges and books for review, and now, with a clean record, a better form and the promise of support from the profession of this city and region, we start it once more on the margin of a new year. Much that we have said is for the local profession, for it is their journal. As soon as their interest in it flags none will be readier than we to give it its quietus. At the same time, it is hoped to a degree to represent a large area around us.

——AMERICAN DERMATOLOGY has received a fresh inspiration. Mrs. Langtry has, it is said, been interviewed by a medical reporter and has declared that in this branch of medicine America easily leads the world, and she attributes the beauty of her complexion to a constant study of American dermatological literature. As likely as not the reporter was a myth and his report a fable. Accepting, however, the eulogy as genuine, although it will not do of course to inquire too closely how

high a class of cosmetic literature has fallen under the fair lady's eyes, we can do no less than hope that the beauty of her complexion which she so complaisantly attributes to the reputed source, while perhaps, if her fame be not overrated, not possibly added to now, may yet continue undimmed for many years. Other departments of medicine cannot aspire to do more than make people less ugly, but here is one that has the envied privilege of studying how to make them more beautiful. This study will doubtless be entered on with fresh zeal.

——The New York New Code also gets a good word from Mrs. Langtry, and the gallantry of the profession of this state will not permit it to fail of unanimous support. Perhaps her word will accomplish more than the feeble utterances in favor of it that The Annals and some other journals have already given. Our friends of the large old village situated some leagues to the south in Pennsylvania, who have felt so called upon to interest themselves in affairs within the border of this state, will make note. But the voice of a woman will doubtless fall on dull ears in that direction. How long is it since the Philadelphia County Medical Society had the chivalry to listen to the application of women for admission? Well, it isn't so long that we have to look through many files of periodicals to come to it. It is long enough, however, no doubt for them to be touched with a sense of their injustice and antique spirit. And it should lead on to a suggestion that in this other matter, which they have gone out of their way to assail, they may not be up to, but will yet have to come up to, the liberal spirit to which as in many ways New York has advanced beyond them. Let them learn their lesson; *verbum sap.* Not in any generalization of self-eulogy, but in the mind of an historic fact, it is to be asserted that this state is worthy of its title as the Empire State, for it is imperial in leading the way. Advanced thought and the liberality in all things toward which the present time is fast tending, generally takes form first here. Points more remote from its central locality and the active spirit, especially of its metropolis, follow after. It may take ten years, as in the recognition of female physicians, but they are compelled to follow by the pressure of growing tendencies. So it will inevitably be in the matter of this mooted point in the new code, the recognition of all regular physicians.

——We have no wish to shut our eyes to the objections to exclusive dogmas; we have no more sympathy than any one with their asserted principles. But ostracism is neither a remedy nor is it in the spirit of liberality that is gathering in all directions. A professional spirit tends to be narrow; it was so in George Stevenson's time; William Harvey and Edward Jenner found it so. To be sure, no such benefits as they conferred on men are going to follow Hahnemann or the founder of any other exclusive school. But the lesson is to be learned that a spirit of professional opposition, while ingrained in the very nature of every profession, is not the best way to meet novelties or even excrescences, nor is it in the broader spirit of the science which it exists to cultivate. This is being found in art, in theology, in all the professions around us. Many of us have grown up in the full tide of this opposition, to homœopathy especially, and some of the older members of the profession are not able to get away from the impresslons imbibed at its most gall-like bitterness. None of us, probably, have much love for it. But the sentiment is growing, at least among the younger men, that this is not a professionally righteous spirit, that the point of variance is after all a slender one, that perhaps we have a different father, but still we are blood relatives, that we are engaged in a common purpose and may as well work together, that there is no good to be gained by keeping up a family quarrel. In all the science of medicine we are at one, and even in a good part of therapeutics we are agreed. Doubtless, estrangement has formed difference in ideas in the schools beyond the simple one of medication, but these are not momentous. And perhaps, too, the walls of separation zig zag a little along the straight line of truth. The truth may not be all on our side. We are not going to find, as we look at it, high potencies potent, nor like always succumbing to like. But we can imagine that we are deprived of considerable that a large branch of the profession, containing many intelligent men, has in its separation learned for itself, now by its source a *noli me tangere*, but which a right regard for science would have us make ours as well. But, aside from any practical thoughts that may come, our claim to be true eclectics, our inclusion, as we believe it must be conceded, of the large part of all the purely scientific men in the profession, and our growing sentiment of liberality in consonance with the spirit of the age, demand that we give recognition to all workers in the healing art. Let us

remember that we claim to be members of no sect, and to make good our claim we should ignore mere sectarianism. It is well known that the sects have thriven on opposition ; nothing else has made them. Medicine should not recognize sect. Refusal of recognition comes, if at all, more naturally from those who claim exclusiveness.

It appears, then, that the question is not one of consultation at the bedside; this is really a small matter. Perhaps there will be none; if there are, each case must settle itself. Those who seek it can be left to get over it. It is a larger question of the recognition of all who wear worthily the title of physician, of fidelity to the spirit of science rather than of professionalism, of breaking down walls of exclusiveness which are so apt to hide the truth and embarrass the search for it. No dogma can stand across the track of truth in the light of common day.

——How many county societies have instructed their delegates to oppose the new Code at the approaching meeting of the State Society we have taken no steps to inquire. The Philadelphia *Medical News*, though an exotic journal, probably speaks from knowledge, for it has been very active in colporteuring the State on this subject, and it puts the number at thirty-four. There are sixty societies, besides the colleges, entitled to representation. They are entitled to from one to twenty-four delegates; thus but little idea is gained of how the vote of delegates will stand. There are counties, it is well known, where there has been much unanimity of opposition, but some of the delegates, we know from inquiry, were instructed by a very slender majority; and an exceedingly curious fact, one the contemplation of which would furnish food for reflection to those interested in psychological conundrums, is that the opposition to the new Code has, in more than one sense, been led by one notedly a sinner against the old one. One of these naively replied to an inquiry as to the cause of his championship of the old Code, that it is a good thing to have a high standard of morality, even if we do not always live up to it. Among these thirty-four alleged opponent counties the tide has already set the other way, in the reversal of its action at a recent meeting by the large county of Jefferson, and a like tendency in other directions.

There are large counties where the new Code is warmly favored. In Albany, at a well-attended meeting, it was endorsed with practically-no opposition. An inventory of this, the third

district, shows a probable considerable majority among the delegates and permanent members in favor of it, the more influential part of the profession generally favoring it. Something might be said on the matter of instructing the delegates and compelling them to sink their individuality, uninfluenced by the discussion of the merits of the subject that will doubtless occur at the approaching meeting. There is much room for doubt whether in the retirement of these meetings the matter can be most judicially and rightly settled. Many of the meetings are attended by but a handful of interested members, indifference to the subject keeping many away. In large sections a new sentiment cannot be manufactured quickly; men are far apart and out of the range of influence of fluctuating thought which is necessary to the settling of such questions. In its absence conservatism prefers the existing; thought is unenlightened. Disregarding this, however, and the question as to whether delegates from counties recalcitrant to the existing adopted Code of the State Society will be entitled to representation, it does not seem probable that the requisite two-thirds vote can be secured. If it should be time will certainly bring us back again to where we at present stand.

——Code or no code seems to be the question with many. It formed the bulk of a lengthy communication lately distributed to the profession. It is easy to see that this is going much beyond what is anticipated by the framers of the new code, whose work is revolutionary only in allowing consultation with sectarian physicians. There is much difference between a code of some sort and no code at all. In the recent preparation of a history of the State Society for the "Public Service of the State of New York" we were struck with the fact that the society owed its origin largely to the circumstance that "the profession was degraded by ignorance, professional broils and the grossest empiricism." Illiterate charlatans abounded. It was believed that the profession could be made useful and respectable only by bringing it under the restraint of the great body of its members. A system of medical ethics was not thought of however until 1821; the committee appointed for this purpose, Drs. Manley, Pascalis and Steele, reported two years later a code which, with that of the American Medical Association adopted in 1848, to which in point of brevity at least it was superior, has been the regulating code of this society

until the one of last year was adopted. There is nothing said in it about sects; indeed they were not then much known about.

Whether brevity is a merit or indeed what is a merit in a code of ethics depends much on its object. For one thing a code is not a creed; it is not a declaration of belief. There is no room for such in a branch of science. Neither need it be a law restrictive in general morals; it need not declare against arson and theft, nor yet against inattention to patients and like points of common morality. Certainly it need not contain regulations for those outside the profession.

What it appears legitimate that it should be is to prescribe professional morality and good manners. Clearly there are such things as professional sins; public advertising, clap-trap to draw business, patenting an instrument or medicine, or doing that which will belittle the profession in the public estimation, such as public controversies among neighboring phpsicians.

Whether the maintaining of professional enmity between the several large branches of medical men would not come under the ban of this general rule is certainly a fair question.

Besides formulating the requirements of professional morals, it is well enough also to prescribe what shall be etiquette in our relations to each other. It keeps up the *esprit de corps.* It is very clear that a code written on these general principles will change with the lapse of time. New restrictions will be necessary and others will become a dead letter, if the code meets the general sentiment of the profession from one generation to another. President Bailey called attention to this in proposing a revision. But it appears to us that, subject to this revision, a simple statement of the rules of ethics should exist to govern us; at least until the millinium comes.

These expressions of opinion regarding this matter that interests the profession just now so engrossingly are not made thus at length in a partisan spirit, but they are what seems to us in the direction of that which is best to-day. But the motto of some seems to be *cras credemus, hodie nihil.*

——The *New York Medical Journal* begins this month its 37th volume, and with it becomes a weekly instead of a monthly as heretofore. The *Journal* has always but especially of more recent years been well conducted. Its editorial articles have been good, its book reviews critical and its contributions select. The familiar magazine form is replaced by a large quarto page,

double columned, printed in clear type and very readable. The first number contains a lecture by William B. Carpenter, communications on antiseptic surgery by Willard Parker, H. B. Sands, Robert F. Weir, and others, several timely editorials and other matter filling twenty-eight pages. It is a satisfaction to see so well considered a journal finding itself in position to enlarge its range of work, and under the talented editorship of Dr. Frank P. Foster, who has been at its head for a number of years, it cannot fail to be as good a weekly as it has been as a monthly.

——The *Sanitarian* has also become a weekly, and at the same time has enlarged its size to a small double-columned quarto. It presents a very attractive appearance in its new year dress. The contents of the first issue include articles by the President of the National Board of Health and Dr. J. C. Peters by the health officer of the Port of New York. The management of the journal continues with Dr. A. N. Bell.

——The American Medical Association will have no delegates from Albany county at its next meeting, its action in refusing admission to those of the state being the cause of the society declining to elect them. The association is thus rebuked, and will probably feel bad about it. *En passant*, the association was born in this city and owes its paternity to this state.

MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Abstract of the Minutes of the Regular Stated Meeting of November 8, 1882.

Dr. N. L. Snow, President, in the chair.

The President, on taking the chair, delivered an inaugural address.

In the absence of the Secretary, Dr. Jno. Ben. Stonehouse was elected Secretary *pro tem.* On motion, the minutes of the last regular meeting were approved, as printed in the Medical Annals.

Dr. Curtis offered the following, which was adopted:

Resolved, That Dr. Elisha Harris, secretary of the State Board of Health, be made a member of this Society by invitation, and that the same courtesy be extended to Dr. Chas. S. Hoyt, secretary of the State Board of Charities; also, that the Secretary be directed to notify them of this action of the Society, and place their names on the list of those to whom notifications of meetings are sent.

Dr. Curtis reported a case of "Grave Pulmonary and Cardiac Symptoms following a Wound of the Median Cephalic Vein."

During the discussion Dr. Hailes reported a case of "Fatty Embolism of the Lungs and Kidneys following a Fracture of the Tibia, with Laceration of the Soft Parts." He also spoke of a case of fracture of the tibia, with sudden death after three or four days, with no apparent cause, in which he suspected fatty embolism of the lungs. In reference to Dr. Curtis' case, he said the repetition of the attacks at such long intervals made the diagnosis somewhat doubtful, and suggested that possibly peripheral irritation would explain them more satisfactorily.

Dr. VAN DERVEER said he had seen Dr. Curtis' case, and had concurred in the diagnosis of fatty embolism, but the recent attacks were difficult of explanation on this theory. Asked concerning recoveries in these cases; had been unable to find records of any.

Dr. WARD said he knew of no cases which had recovered. A very small number of cases have been reported, and the diagnosis is by no means certain. The cases reported have generally occurred after fracture of long bones, the embolism occurring during the period in which the veins in the wound are still open. Any one who has watched many surgical cases has noticed the large amount of fat which escapes from wounds. This is one of the reasons why primary union does not follow amputation of the breast in fat women. Possibly Dr. Curtis' case was one of coronary embolism. In fatty embolism of the lungs the color of the face is the same as we find in cases of asphyxia, not the bright red reported in this case. No attacks of this character have been reported as following peripheral irritation. The repetition of identical attacks makes the diagnosis of fatty embolism highly improbable. He thought the attacks were in many respects such as we find in nervous conditions.

Dr. H. HUN believed the attacks in case reported to be nervous. He did not see any source of origin for fat. The first attack was not until nine days after wound and therefore the injury of the superficial vein could not have given rise to fatty emboli.

Dr. T. K. PERRY presented the following pathological specimens, with histories: Glioma of Brain, bladder from same patient very much reduced in size owing to extensive attachments, due to old circumscribed peritonitis; Cardiac Hypertrophy with Extensive Pericarditis.

Dr. WARD spoke of a case of tumor of brain, in which the patient was totally blind when he sat up, and could read when he was on his back. The post mortem revealed a tumor so situated that pressure upon the optic chiasm was relieved when the patient was on his back.

Dr. HAILES mentioned the case of a patient who entered the City Hospital for amputation of the breast, and died suddenly before the operation. At the post-mortem a tumor of the dura mater was found which had impinged upon and absorbed the two inner tables of the skull.

Dr. VAN DERVEER said Dr. Perry's case of cerebral tumor resembled in many respects the case of the late Dr. Pomfret. The condition of the bladder in this case was exceedingly interesting to surgeons.

Dr. CURTIS exhibited wooden slips charged with vacine virus by Dr. Frank Foster, of New York city.

Adjourned.

JNO. BEN. STONEHOUSE, *Secretary pro tem.*

THE

MEDICAL ANNALS:

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THE GRAND DELUSION (MANIE DES GRANDEUR).

BY N. ROE BRADNER, JR., A.M., M.D., PHILADELPHIA.

(Albany Medical College, Class of 1864.)

Late of the Pennsylvania Hospital for the Insane.

Softening of the brain is a term used by different physicians to express very different diseases. It is possible that my observation has been sufficiently limited to lead me into error as to the opinion of others, but I will venture to assert that more than half of all physicians, if called upon to define the condition called softening of the brain, would describe a disease entirely different from that known as softening of the brain by hospital physicians and specialists. If an individual loses his reason, but has no maniacal excitement—that is to say, becomes demented—there are always some of his acquaintances, and quite likely his physicians, who denominate his dementia softening of the brain; whereas, that disease, as understood by specialists in mental disease, is comparatively a rare one, comprising probably less than five per cent. of the patients in any one of our asylums. Nevertheless, it is a disease at once interesting and terrible. Interesting, because while we anxiously wait to record the first cure, we see its uniform course marked by the same well-known symptoms. Alarming and terrible, because its most numerous victims have been useful men in the prime of life.

It is a larger task than I shall here attempt to discuss any points in the grave disease that are at all obscure to those familiar

with it, my present ambition being simply to forewarn and thus forearm such physicians as may not have had asylum practice (for all these patients go to the asylum), and thus prevent some of the important errors and avert the consequent dangers that a wrong diagnosis would be in so great measure responsible for. It is a paralytic disease called paresis, or general paralysis of the insane. The palsy is first manifested in so slight a degree, however, as to be easily overlooked by his associates, and it is usually in the tongue or lower extremities that the tremor is first noticed. A slight halt or dragging of the feet or a thickness of speech is usually the first ailment that is observed by the friends of the affected, but the sad probabilities are that the most important time for the disease to be discovered and recognized has passed, and that the greatest injury the madman can do, especially to his estate, has already been done. *The grand delusion* has doubtless been present a considerable time, and like a wolf in the fold, if its presence has not been detected, behold the slaughter—his fortune has been squandered beyond peradventure.

What then is this *manie des grandeur?* The extensive experience of Dr. Blanford prompts him to say: "Almost all, certainly nineteen out of twenty paralytic patients, are full of ideas of their greatness, importance and riches. They are self-satisfied in no ordinary degree, and think themselves the most wonderful people that ever lived. It is all happiness, grandeur and wealth." The general paralytic never believes he is poverty stricken, and never depreciates himself in any way; his delusion is always of self-grandeur—a high opinion of himself in the most extreme sense of the expression—an exaltation of all his qualities, and called by the French *manie des grandeur.* The particular form in which this grand delusion is manifested in different individuals will vary of course, but the same principle—an insane exaltation of ideas with reference to self-grandeur—is always involved. Most frequently it is that he is extremely wealthy, or that he is possessed of knowledge and means for acquiring money in unlimited sums. Often, however, the imaginary idea of grandeur relates to power, when he believes himself to be the ruler of nations or the world. Sometimes it is that of strength. I have seen a tottering paralytic assert with the happiest confidence that he could lift a ton weight with a single finger, and in one patient under my care the delu-

sion of self-excellence was in reference to his personal appearance, believing that he was the most handsome man in existence. A common belief with them is that they will never die. One said to me: "I was three hundred and fifty years in heaven, and I've never slept in twenty years." When asked if he had ever been in hell, he remarked, seemingly surprised at the stupidity of the question, "Why, it was I who built it." Another, who had been something of a speculator, wrote the following letter to his agent. As I have endeavored to show that this disease is one particularly hostile to property, I leave the reader to imagine the ruin of this gentleman's financial capacity before his palsy appeared, except in a slight degree. It is so characteristic that I hope I may be pardoned for copying the whole letter:

PHILADELPHIA, Apr. 5.

Dear John:

I want you to take your buggy and horse with wife, and down to Norfolk. Buy all horses mules cattle sheep hogs goats rats and mice, pidgeons tame and wild crows and turkeys. Buy all buffaloes deer calves eels prarie chickens ducks geese minx beaver otter polecats pheasants grouse quail cranes and thrushes. Send all human hair toe and finger nails, bones and teeth employ hogsheads barrels and tierces oyster shells clams and mussels. Buy in all land at one hundred dollars an acre. high and low blackberry goosebery huckelbery strawbery raspbery currants plums apples peach and pears Haystraw and fodder: orchard and blue grass, herd millet rye clover & Timothy. Wheat corn barley and flour. Please ship all this day! Go to Louisville & Cincinati and buy all packets you can and fill up, send to London care of Jas Peabody, Lime lead copper iron lumber flour meat of all kinds, hemp tobacco sugar and molasses. *Ship to night without fail!* Go to tennessee N Carolina S. Carolina Georgia Allabama Mississipi Louisiana Texas Utah Mexico Arkansas—Send all crocodiles all fruit seeds and hogsheads Will pay twenty five cents for cats Purchase and send all live oak lignum vita. Magnolia granda. Get up all trees you can by the roots—work all night and buy in every inch of land at $100 in gold. Visit Miss Kansas Nebraska Berhing Strats Iowa Ills. and Michigan Buy all cows and steers bulls hogs muskrats, common rats and mice ants swan ducks, both tame and wild black birds red birds hawks and eagles. All kind of bees. honey—bumble bees, hornets wasps—buy all cities towns and villages—buy a line of packets fill all hogsheads and bottles at hot springs all shells and snake tribe. Send me a statement of my account with name of customers from July to April Please ship to night certain—fill up to top of boat all merchandise—gold prices. Yours Respt. W.

Softening of the brain, however, is an insidous disease, and the presence of the grand delusion is not at first so manifest. Doubtless the first act or expression of the patient that is due to the disease is so moderately extravagant that it defies detection,

but this period, like twilight, is quickly followed by progressive darkness. It is easily to be imagined that the merchant whose responsibilities require his strict attention and economy would live more extravagantly if he became suddenly and abundantly wealthy; and, notwithstanding the necessity for his careful providence, should he become victim to this disease, he will think and act as if he were a prince, and *now* is the all-important time to know the imminent danger. This I will illustrate by the two following cases:

Mr. R., a Philadelphia merchant, aged 40, married and father of an interesting family, possessed a fortune of fifty thousand dollars. He owned a tract of land near the city where he had long intended to build a country residence. He unfortunately began the plan and work at the time this fatal malady first smote him, and I doubt if in this enterprise a single dollar was expended by him in the prudent and careful manner that had characterized his previous business life. On the contrary, having commenced on a sufficiently grand scale, he so increased and multiplied his plans that had his idea been realized his country residence would have been a princely palace. Strange as it appears, his whole fortune was involved before his mental infirmity was suspected or his cellar finished. At this time I was consulted by his poor wife, who, expecting a few weeks' treatment would restore his mind, was no less troubled when the grave nature of his mental condition was explained to her than I was that it had been possible for her and his employees to have overlooked his derangement to such an extremity. It was found that his fortune had been squandered, his building enterprise a heap of absurdities, and his family left penniless. The saddest feature of their own privation, however, was that they could not provide even for his care, and he necessarily became a public charge.

The other case to which I have made reference was that of a distinguished member of the Philadelphia bar, also in affluent circumstances. Being attacked by the same disease, its early symptoms were observed by a relative, who immediately consulted a medical gentleman of large experience with diseases of the mind, and learned the true nature of his friend's malady. Proceedings were at once instituted by which this gentleman's estate was preserved, but the disease triumphed over his mind and life within the first year. It is unnecessary to picture the want and distress to which this family would have been reduced

had it not been for the timely advice of the physician by whom they were induced to *protect his estate* from the peculiar danger threatened by his mental disease.

I have not attempted in the preceding pages to delineate the symptoms of even a single case of softening of the brain, but rather to call attention to a single symptom always present—the grand delusion.

ELECTRICITY IN UTERINE DISPLACEMENTS.*

BY E. A. BARTLETT, M.D., ALBANY.

The frequency with which diseases of the uterus and its appendages are prominent causes in the ill health of women is erroneously regarded by physicians. There are those who see these as causes in every ailing woman, and there are others who seem never to take them into consideration. Others, from feelings of delicacy in approaching the subject, or for other reasons, try to make themselves believe that there is some other cause for the obscure symptoms by which they are confronted.

These are all false positions. However rarely or frequently they may be factors in ill health, it is the experience of every practitioner that uterine diseases may be the source of many remote, subjective symptoms; and, if a patient has persistent mysterious symptoms for which no adequate cause can be found, and which do not give way under a general course of treatment, we are not only justified in directing our attention to the pelvis, but we are in duty bound to do so. In many cases the pain in the loins, dragging of the viscera, almost constant backache and other characteristics tell too plainly where the seat of trouble is. Mal-positions are found in a large percentage of these cases, and it is to the *rationale* of electricity in their treatment that your attention is invited.

Adopting Simpson's division, we have two classes of displacements—*versions* and *flexions*, the latter being not an exaggeration of the former, but an entirely separate condition. In the former the uterus may be turned upside down and still the canal be relatively straight, while in the latter the canal is bent upon itself at more or less of an angle. This fact is important,

*Read before the Albany Academy of Medicine.

because it points to various causations, and necessitates treatment peculiar to the case. These mal-positions may be due to a variety of causes. In the poorly developed uterus anteversion is about in proportion to the want of development, but in far the greater number of cases they are due to congestion, engorgement and hypertrophy. The veins of the uterus are normally of large size, and as a result of carelessness during the puerperal and menstrual periods they are only partially emptied, venous congestion takes place, the organ is engorged, and there may follow hypertrophy of tissue. Any cause producing relaxation of the suspensory ligaments and the vaginal walls finds an admirable ally in this overburdened uterus, and version is the result. If, however, there has taken place degeneration in the muscular fibre of the uterus, flexion will be the result.

It cannot be denied that the general treatment by a prolonged course of chalybeates and stimulation of the uterus, while successful in some cases of displacement from a partially developed uterus, is in more of the same kind totally inadequate. It is only too true that in the hands of very many practitioners the use of pessaries, whose number and form is legion, is followed by the most unsatisfactory and sometimes the most unhappy results. It is the experience of the very best gynæcologists that elytrorrhaphy, scarification and such like operations are insufficient in many cases to bring about desired results. And so it happens that, without thought of superceding any of these methods mentioned, electricity has been enrolled in the list of useful remedies. For a long time it had been used by persons outside the medical profession, and indeed it was the beneficent results so obtained that centered the professional mind upon its use in this special department. Much of this use has been empirical; the details of its action were not sought for; the excellent results sufficed.

We know that electricity acts, when passed through the human body, either mechanically or chemically, either directly upon the organs or indirectly through the nerves. Now, if we remember what conditions exist in a displacement and some of the principal causes, we shall surmise that the use of electricity will be followed by very satisfactory results in many cases, but we shall also realize that there will occur many cases in which electricity alone would be just as powerless as any other application. In an extreme case of version or flexion it is manifest

any conceivable application of electricity would, of itself, be useless to accomplish reposition. Were the supports to the uterus composed of muscular fibre, and were they in a condition of extreme relaxation, there might be a possibility of causing sufficient contraction to bring the organ into place. This is not the case; a portion of the ligaments supporting the uterus are simply folds of peritoneum containing no muscular fibre of their own, while others are the usual ligamentous tissue; both have some muscular fibre prolonged upon them from the uterine walls, which may be excited sufficiently to render some service in slight versions, but in severe or extreme cases they are of no appreciable service.

The foregoing is a true statement of facts; nevertheless, experience teaches us that an ante-, retro- or lateroverted uterus, if not too far gone, can be replaced under the use of electricity, and this, in many cases, applied only exteriorly. How is this result produced? Placing one electrode of a faradic machine upon the lower lumbar vertebræ and the other upon either inguinal or hypogastric region, let the circuit through the primary coil be closed; there will be felt, if the current be sufficiently strong, a sharp contraction under the latter electrode. This has by some been assumed to be the action of the uterus and its supports; the assumption, however, is manifestly erroneous, as we have seen there are no muscular fibres in the uterine supports to contract, or at least not enough to cause so violent a contraction; and the uterus lies so deep in the pelvis that the contraction of its fibres would be much less perceptible externally than what we note. The assumption is partly due to the results obtained in the obstetric use of electricity, where the contractile effects upon the uterine walls are of such marked character. The cases are not parallel, for during parturition the uterus is in the abdominal cavity, where its contractions can be plainly felt, which is not the case here.

If we look at the anatomical disposition of the parts, we shall find that we have under the electrode, when it is in the left inguinal region, the superficial and deep abdominal muscles and below them the sigmoid flexure of the colon; in the right inguinal region the corresponding muscles and beneath, the cæcum; in the hypogastric region, the rectus abdominis and pyramidalis muscles and beneath, the bladder. If we place this electrode upon any portion of the abdomen we shall note, under the same

conditions, the same phenomena of contraction, and, if the action be prolonged and extended over the whole abdomen, it will bring about the act of defecation, or a desire for it. This would tend to show that the contraction here takes place in the muscles which constitute the abdominal parietes and also in the muscular coat of the intestines. What is true of this part is also true of the other part of the abdomen. The contraction felt there is not in the uterus and its supports. If, however, we insert a finger in the vagina and place it in contact with the uterus, we shall feel a slight thrill and decided contraction of the walls of the uterus analagous to the sensation received during a labor pain; but this contraction is not sufficient nor in the proper tissue to replace the organ, supposing it to be displaced; so we must seek further for the remedial cause.

Examples are not wanting of the power of electricity, both galvanic and faradic, to relieve engorged and even hypertrophied tissue. Galvanism, by its subtle chemical, and faradization by its mechanical action, are capable of improving nutrition, stimulating muscular contraction and hastening absorption. Here, then, we have a rational and tenable method by which electricity may be of great service. The modification of nutrition caused by electricity may have two opposite effects; its may cause increase or it may cause diminution in the size of a part or organ. In these opposite results there is nothing inconsistent; they are the result of healthy nutrition caused by the current.

If we place the electrodes as before, the hypogastric plexus of nerves, from which pass the nerves innervating the uterus and vagina, lying directly in front of the sacrum, is in the field of action for the current. It is just here that Budge and Waller located the genito-spinal centre. The electricity conducted along these nerves to the uterus and vagina there does its remedial work, contracting muscles, altering nutrition and increasing the tone of the relaxed ligaments. Thus stimulated, the displaced organ regains its normal size, and, slowly perhaps, but surely, returns to its proper place.

This method of external application is especially serviceable in vaginal cases and with timid women, but in very rebellious cases, and with married women generally, the introduction of an electrode to the vagina will be found much more efficacious. Not only is the muscular coat of the vaginal walls made to recover its tone, and thus one of the best supports provided for

the uterus, but an internal application brings the organs directly under the action of such pole as their condition may require, and enables us to produce somewhat more rapidly tissue changes. Moreover, the chemical effects of the galvanic current upon the secretions of the mucous membrane and the contiguous glands may be utilized by this means, remembering the differential polar action. In like manner, the insertion of one electrode into the rectum or bladder enables the operator to localize the action very strictly and produce marked results.

It is well known that if a strong galvanic current, passing through the pelvic viscera, be suddenly interrupted there will be produced a "coppery" taste in the mouth. This phenomenon may be made to "point a moral." The hypogastric plexus, of which we have spoken, receives fibres from the spinal nerve, and the vaginal branch has a large number. The diffusion of galvanism along these fibres to the nerves, and thus to the cord, serves to put the spinal cord in an electronic condition, and this irritability modifies decidedly the subjective symptoms accompanying uterine disease. This is really an important feature in the *rationale* of electricity in uterine displacements, and accounts somewhat for the prompt relief which so often follows this kind of treatment, of the despondency accompanying these cases, and which is one of the great drawbacks to calling the attention of a young woman to the fact that she is a subject of "female weakness." But it would be unwise to depend upon this "diffusion of current" for relief of subjective and remote symptoms. The operator who confines himself to localized treatment of uterine disease, neglecting thorough general treatment, sacrifizes much of the beneficial effect of electricity. If it is necessary to produce mechanical effects, local faradization is indicated; for local chemical effects, galvanism; but this is only a small part of the work of restoration. The connection with, and relation to, other organs and parts of the body of the organs of generation are so intimate, and derangement here is followed by so much disturbance elsewhere that general treatment of some sort becomes essential. In the form of electricity addressed either to the cerebro-spinal axis or the sympathetic system we have a valuable auxiliary whose use hastens recovery. In conclusion, time is essential in any form of treatment for these cases, and the patient may be given to understand that relief is not the result of a few days, but of weeks or months.

A CASE OF SUPPOSED NASAL CALCULUS.

BY R. D. CLARK, M.D., ALBANY.

About four years before this patient, a boy six years of age, came under observation he snuffed a pea into the left nasal fossa, which was removed by a surgeon. The mother, who saw the pea after its extraction says it was entire—that no part of it was wanting. Two and a half years after this the parents noticed a bloody discharge from the left anterior naris. In the course of a few months they took him to a physician, who directed them to wash out the nasal cavity with a syringe, and gave them a snuff and a liquid to use locally. This was faithfully done for eight months without benefit. The nose bled frequently and sometimes profusely, and the bloody mucous discharge continued during this time. He never complained of much pain. He was taken to another physician, who said he had catarrh, and recommended the same line of treatment, but the father, in view of past experience, refused to carry it out. Thus the matter stood when, on the 13th day of last October, he fell with a bean blower in his mouth, causing considerable laceration at the roof of the mouth. In consequence of this injury he was brought to me the next day, and while treating the injury the father called my attention to the condition of his nose. In accordance with a habit I have fallen into, I made an examination with the rhinoscope, and discovered that the left nasal cavity was nearly closed by a polypus. This I tore out with the forceps, and after the hemorrhage ceased introduced a probe, and came on to a hard substance, which I at first supposed to be dead bone, but which afterwards proved to be this calculus. I had considerable difficulty in removing it. I could readily seize it with forceps, but could not draw it out with them. I finally succeeded, after several attempts, by rolling it out of its bed with the scoop-shaped end of a grooved director. The soft parts rapidly healed after the removal of the rhinolith, and at the present time the boy appears perfectly well.

The specimen, exhibited, is wedge-shaped, with sharp, irregular angles; its base is $\frac{1}{4}$ inch square, and from base to apex it measures $\frac{1}{2}$ inch. It is of a brownish color and superficially has

a calcareous appearance. In order to present it entire, I have not cut into it, but Dr. Hailes has kindly consented to make a section of it, and to present this with other microscopic specimens which he intends to show at the next meeting of the Society. Whether or not this calculus has a foreign body for its nucleus will then be ascertained. This case is of interest on account of the rarity of the occurrence of nasal calculus, if it should prove to be a true one, and especially as showing the necessity of making a thorough examination of this cavity before making a diagnosis.

[At a subsequent meeting of the Society Dr. Hailes reported that he found the specimen presented by Dr. Clark to be composed mostly of cork, covered over with a calcareous concretion.]

SELECTIONS FROM JOURNALS.

THE FREQUENT REPETITION OF DOSES.

By Prof. A. A. Smith, M.D.

Extract from a Lecture Delivered at the Bellevue Hospital Medical College.

In the case of chronic diseases, where it is necessary to continue the treatment for a long time, the plan of adminstering the medicine in larger doses at intervals of five or six hours is probably best. In certain cases it may be desirable to produce the full effect of the drug at a single dose, as in the administration of a cathartic, or of quinine to reduce temperature. In other cases, however, it is desired, in administering medicinal remedies, to keep up their continued effect. Certain drugs become absorbed and produce their effect upon the system in a very short time, and they may also be eliminated very rapidly, while others act slowly and are eliminated after a longer interval.

Chlorate of potash has at times been administered in sufficiently large doses to produce a dangerous inflammation of the kidneys. This danger can be avoided by administering the drug in small doses frequently repeated. Grain doses given every half-hour in scarlet fever, diphtheria, tonsillitis, etc., will produce the same results as larger doses, without the danger of the evil effects resulting from the accumulation of the drug.

Chloral has for a long time been given in large doses, as from five to eight grains, repeated every two hours, until fifteen grains are taken. I consider it a better way to give a grain, either in liquid or pill form, every half-hour until the neuralgic symptoms are relieved. One of the advantages connected with the frequent repetition of doses is that the medicine may be so largely diluted as to be rendered comparatively tasteless, and harmless to the mucous membrane of the stomach.

Two grains of salicylate of sodium, every hour or half-hour, will usually effect a cure of urticaria, even in obstinate cases, except those of a chronic nature. Urticaria is often caused by the administration of full doses of balsam of copaiba. A single drop of the same drug given every half-hour will sometimes control urticaria. .

Of Fowler's solution half a drop every half-hour for six or eight doses will often relieve the vomiting which occurs after a debauch. It will also relieve the morning vomiting of drunkards, and is of decided benefit in the sympathetic nausea and vomiting of pregnancy.

Jaborandi has been given in large doses with a view to exciting perspiration in Bright's disease, but the very serious objection has been found to its administration in this way, that it sometimes has a very depressing effect upon the heart's action, resulting in some cases fatally. Now, five- to ten-minim doses of the fluid extract every hour or half hour will produce marked perspiration without causing any unpleasant effects upon the heart. I sometimes combine digitalis with it to counteract any possible evil influence which the drug may have upon the heart. I often hestitate long before administering large doses of jaborandi, especially in uræmia of the puerperal state.

You will often be called in to see cases of supposed croup, but which, in the majority of instances, prove to be cases of false croup of a reflex origin. Ordinarily you will be able to relieve these patients by giving them a teaspoonful of a solution of atropine, one one-hundredth of a grain in a goblet of water every hour. If the child's face begins to flush and show signs of the physiological effects of the drug, the dose can be reduced in frequency. Do not forget in these cases to give an emetic if there is any thing in the stomach which may be causing the spasm, or a cathartic if there be reason to suspect intestinal disturbance as the cause.

The bromides are largely used, but an objection to them is the fact that children do not take them readily, because of the taste. This objection can be avoided by giving small doses frequently repeated, a half-grain, or a grain even, every ten or fifteen minutes. Given in this manner, the bromides often prove of great benefit in the nervous disturbances arising from dentition and other causes, and in relieving the fever which, in children, usually attends a slight degree of excitement of any kind.

You will often meet with children of a nervous, excitable frame of mind who are unable to go to sleep before ten or eleven o'clock at night. An excellent effect will be produced by chamomilla in some one of its forms, as the tincture, administered in minim doses, every fifteen or twenty minutes.

One of the most important remedies which can be administered with great benefit in frequently repeated doses is ipecac. A single drop of the wine of ipecac every fifteen minutes will often arrest obstinate vomiting, from different causes, among

which are pregnancy and subacute gastritis. Children often suffer from diarrhœa and vomiting which have no other assignable cause than disturbance of digestion. This will often produce the most marked relief, both from vomiting and from diarrhœa.

Trousseau says that one-sixtieth of a grain of calomel taken every hour for ten or twelve hours will relieve the headache of syphilis occurring at night. I have administered it in one-fortieth-grain doses in this manner, and have obtained this result. The relief was very marked by the second or third night. A teaspoonful of a solution of one grain of calomel to the pint of water every ten or fifteen minutes often relieves the vomiting or regurgitation of food of nursing children. In order to dissolve it, the calomel should first be put into an ounce of lime-water and then into the pint of pure water. One twenty-fourth of a grain of mercury with chalk, every fifteen or twenty minutes, is often of great benefit in the vomiting and non-inflammatory diarrhœa of children. Where the diarrhœa is accompanied by mucous passages, indicative of a certain degree of inflammatory action, or enteritis, benefit will be derived from the administration of one teaspoonful of a solution of bichloride of mercury, one grain to the quart, every hour.

Teaspoonful doses of a solution of a grain of tartar emetic in one quart of water, every half-hour, will prove effectual for the relief of the wheezing and cough accompanying a slight bronchitis in children.

One drop of the tincture of nux vomica given every ten minutes will often produce most marked relief in sick headache not of a neuralgic origin. It should be given immediately after or soon after meals.

A single drop of the tincture of cantharides, every hour, will in many cases relieve vesical catarrh.

Digitalis ordinarily is administered, in considerable doses, only three or four times a day. Frequent repetition of small doses will produce much more benefit than larger doses at longer intervals. A drop of the tincture, at intervals of an hour or half-hour, will often give greater relief to symptoms due to organic heart disease than larger doses.

For the diarrhœa of children, accompanied with slight inflammation, straining, and passage of jelly-looking matter, but no true dysentery, five drops of castor oil, given every hour in water with sugar and gum, is an excellent remedy.

A gentleman in this city, of authority in venereal diseases, says he has given greater relief in a short time, in cases of orchitis and epididymitis, by two-minim doses of the tincture of pulsatilla every hour than by any other mode of treatment. I can testify to its great benefit so given in dysmenorrhœa not of a membranous, obstructive or neuralgic character.

One of the most distressing symptoms from which many women suffer at the menopause is flatulence, and a sensation of

fluttering or palpitation at the pit of the stomach, an effectual remedy against which is the extract of calabar bean in one-fiftieth-grain doses, repeated every half-hour for six or eight doses. It may be repeated in the same way after stopping it for three hours.

In amenorrhœa not dependent upon anæmia, benefit follows minim doses of the fluid extract of ergot administered every half-hour for five or six hours the day before the flow should begin and again on the day on which it should occur. Administered in the same manner it is of benefit in cases of excessive menstruation.

Tincture of aconite, one-third to one-half a minim, every fifteen minutes, will be found of decided benefit in many cases of febrile movement. You will soon find the patient in a little perspiration, when the medicine may then be administered at longer intervals. It is likewise useful in cases of commencing so-called cold in the head, in cardiac hypertrophy with palpitation, severe headache, and disturbance of the nervous system due to increased force of heart-beat.

Two minims of the tincture of hamamelis every half-hour will often control hemorrhages from the nose, the uterus and from hemorrhoids.

Tincture of belladonna in minim doses, given every half-hour, is a good remedy in cases of nasal catarrh, and bronchitis accompanied by free secretion. You should cease to give the drug for a while after eight or ten doses have been administered. In pulmonary œdema, with failure of heart power, belladonna thus administered is of benefit in retarding the exudation of serum and in overcoming the failure of heart power.

Two grains of the chloride of ammonium, combined with ten or fifteen minims of the tincture of cubebs, given every half-hour, oftentimes controls acute pharyngitis and superficial inflammation of the other tissues about the throat. For inflammation of the throat dependent upon a gouty diathesis, add to this mixture ten minims of the ammonical tincture of guaiac, and administer every hour.

In the headache of migraine, one grain of the citrate of caffeine given every half hour will often produce most marked relief.

In neuralgias about the face or head, three-minim doses of the tiucture of gelsemium every half-hour will often act almost miraculously and leave no ill effects.—*New York Medical Jonrnal.*

Dr. T. Taylor finds by experiment (*Popular Science Monthly*) that house flies may convey infection to plants and other bodies, but that they may destroy germs as well as disseminate them, from the fact that they consume the greater portion of the spores.

ALUMNI AND COLLEGE NOTES.

THE candidates for graduation this year number about fifty. It contains men of good promise. The total number in the class of the current session is 155.

THE class picture has become an established thing. It is taken this year by the Notman Photographic Company, which has in former years done some very satisfactory work in making these group pictures for graduating classes.

Now that the Alumni have a handsomely fitted up hall to hold their meetings in it would be very appropriate and pleasing if members would contribute their portraits to hang on the walls. Not only ought every graduating class to contribute its class picture, but many individuals might also find a place there.

COMMENCEMENT EXERCISES will be held in Music Hall, the only available public place of assemblage now that Tweddle Hall, so long used, has been burned. The Alumni dinner which follows will be at the Delavan House, as usual. The class invitations, gotten out by Quayle, engraver, of this city, are specially fine in design and execution.

THE necrology of the year for the Alumni Association includes ten names. The following is the list: John Vought, class of '39, of Freehold, N. J., died in May, 1882; F. B. Parmele, class of '42, of Greenbush, N. Y., died January 10, 1883; John W. Corson, class of '42, of Orange, N. J., died June 2, 1882; S. M. Van Alstyne, class of '54, of Richmondville, N. Y., died October 28, 1882; Horace Hamilton, class of '58, of McGregor, Iowa, died March 16, 1882; Herbert Shurtleff, class of '69, of Sterling, Mass., died April, 1882; George F. Smith, class of '78, of Stottville, N. Y., died June 8, 1882; William A. Lester, class of '80, of Beckett, Mass., died May 30, 1882; C. H. Phillips, class of '80, of Watervliet Centre, died February 13, 1883; F. P. Johnson, class of '81, of Schenectady, died April 1, 1882, and M. E. Nellis, class of '81, of Port Jackson, N. Y., died April 27, 1882. Some of these have been prominent in the profession. Dr. Corson was an author, and Dr. Vought was noted in scientific work. Dr. Hamilton was an eminent man in his state.

The Medical Annals:

A Journal of the Medical Society of the County of Albany.

EDITORIAL COMMITTEE:

F. C. Curtis, M.D., Lorenzo Hale, M.D.,
A. Van Derveer, M.D., Jno. Ben. Stonehouse, M.D.,
Willis G. Tucker, M.D.

Vol. IV. FEBRUARY, 1883. No. 2.

——The Alumni Association of the Albany Medical College holds its decennial meeting on the 7th of next month. Turning the corner of its first decade will add something of interest to the occasion. The Association has arrived at discrete years, has grown to an established place, and has secured an interested hold upon its eligible membership. Such associations are of value in various ways. They are of value to their members by making a bond to an otherwise incoherent mass. Especially among graduates of the medical schools is there need of some such link, for otherwise they lose all trace of each other and more or less interest and pride in their school. As students for two or three years together they form friendships that are warm, but separation and nearer interests soon obliterate them, and it is with a sense of regret that it is found as years go by that they slip from record and memory. We keep up our relations with college classmates better than with those of our professional school, with many of whom, having like tastes and culture, our interest may be equally strong, and should be more enduring, from likeness of calling. To have a common trysting place where occasionally we may see their faces and renew our intimacy is an excellent thing and one the opportunities for which should be cultivated. This social and friendly element is of especial importance in the catalogue of its values.

The Association is also valuable to the school. All educational institutions do well to lean on the counsels of those who have gone out from its tuitional construction. They find among them its most interested and friendly advisers and supporters. This

is being more and more found out and acted on. The Association helps to bring these forward, it helps to keep up their united interest and pride in the school, and it helps to support it, by filling the new classes which from year to year gather to draw the instruction it supplies. It is fortunate when the mutual worthiness and respect are equally balanced. As to this, no medical school has more cause to feel pride in the character of its graduates. Many of them are men of note and influence in the profession, and a vast number, in a quieter way, fill honored and useful positions in the community where their lives are being passed. It is to be hoped and it is believed that on its part the college is maintaining its well-earned reputation among the medical schools of the country.

The indications are that there will be a large attendance this year. The meeting will be held, as usual, on commencement day. The early part of the day will be occupied by an informal reception. At three o'clock the regular meeting will take place, for the first time in the newly-fitted Alumni Hall—the south wing of the college, formerly used by the Law School. The address of welcome will be given by Prof. J. M. Bigelow. The annual address of the president, Dr. Solomon Van Etten, of Port Jarvis, will follow miscellaneous business, after which the interesting reports of the historian, Dr. Jno. Ben. Stonehouse, and of the class historians for the years '53, '63 and '73 respectively, Drs. B. A. Mynderse, of Schenectady, J. S. Mosher of Albany, and H. B. Whitehorne, of Verona, N. J., will be given.

A notable feature will be the report of the committee on Alumni prizes. These consist of a surgical prize of two hundred dollars, on the subject of "Colles' Fracture," by Prof. A. Van Derveer; a second, on the same subject, offered by one of the trustees, Joseph W. Russell, Esq.; a March memorial medal, by the heirs of the late Professor March, on "The Pathology and Treatment of Talipes;" an Armsby memorial prize of one hundred dollars, by one of the trustees, Archibald McClure, Esq., on "The Anatomy of the Hip-joint;" and a McNaughton memorial prize, by the heirs of the late Profossor McNaughton, of one hundred dollars, on "The Pathology and Treatment of Diabetes Mellitus." The prizes, aggregating over five hundred dollars, should bring out much good work.

After the commencement exercises, the annual dinner will be held at the Delavan House, which has proved so enjoyable a fea-

ture of the meeting in the past. There seems to be nothing wanting to make the occasion one of pleasure and profit to all who may have the fortune to attend it.

——The recent meeting of the Medical Society of the State of New York has no doubt attracted considerable interest throughout the country, on account of the question of what its action would be as to sustaining its new code. That such interest is felt is evidence of the hold the question involved takes on the general mind. It seems quite certain that it is one which could not have been entertained prior to the present time by any medical organization. Even now it was considered, at least, premature by very many. It is not at all probable that a year ago, even, it would have been carried, in the face of the combined opposition that during the past year was brought to bear upon it from all parts of the country, as well as those opposed to it in this state. That it has done so now is proof that it has grown steadily in favor. We have already ventured the prediction that New York has taken a position to which the medical world will eventually come. It only remains to wait and see if our prediction will not come true. Those have not been wanting outside of this state who have been ready to speak in our favor, and the number will increase. It is only a question of time.

That this state will never recede from the position it has taken is now assured. Whatever question there may have been of the propriety of the action a year ago, there can be none now. It has been said, and with some reason, that the adoption of the new code then by a small number of representatives and without reasonable opportunity for considerate study of all it involved was not legitimate and right. Whatever weight may attach to this grievance is now, however, lifted. During the year the question has been most thoroughly weighed, and it cannot be said by any one but that all the possible arguments have been industriously brought against it. It has been more faithfully and widely argued against than argued for. With few exceptions the medical press of the country has urgently considered it, the innermost recesses of the state have been repeatedly visited with journals and pamphlets opposing it, the county societies have been urged to take action against it, and in every way has all that is possible been done to secure a reversal of the action of the society at its 1883 meeting. But still the sentiment

seems to have grown that the deed of the society in 1882 was not an unwise one It is quite possible that these outside influences have helped to strengthen the cause of the new code rather than hindered it. It may have provoked the feeling that we were able to settle our own affairs without meddlesome dragooning from beyond our borders. It cannot be said that the opposition has left a stone unturned to strengthen their cause. Therefore we may say that there is no probability that success will ever attend an effort hereafter to abolish the new code, and it remains to see whether this state is not the forerunner of the rest of the country in this direction.

That the vote of the society fairly represents the sentiment of the entire state at the present time seems, further, to be pretty certain. During the summer the secretary of the society addressed a card to members of the county societies asking for the vote of individuals upon the question. To this he received about seven hundred replies, of which three hundred and sixty were in favor of the new code, a small number were non-committal, and the rest were opposed to it. This vote, which, in its way fairly represents the prevailing feeling, tallies quite closely with that of the assembled representatives of the county societies and permanent members. More than half of the counties, moreover, were directly represented by instructed delegates, many of whom were compelled to vote against their individual convictions. It is altogether probable that a free vote to-morrow would result in a larger majority, and that each passing day would add to it.

That this action, thus probably final, of the society has caused sincere sorrow to many of its faithful and honored members is true. They regret it from personal convictions and because we are cut off for a time from other societies. There is certainly cause for regret in this. But it is possible that they see more in this matter of free consultation than the expressed statement in the by-law admits. Individual action is not in the least affected; every one can personally shun the sectarian schools as much as he ever has. It is only relieving from censure any who may by circumstance or inclination be brought into association with them. Neither is it to any degree a committal to endorsement of any. It cannot be made to appear that we yield any thing of professional conviction by acknowledging as fellow physicians these who choose to adopt sectarianism. The fact is

that we have no dogma to assert, no fixed creed to stand up for and consequently need not recognize the existence of any. As Dr. Jacobi has said, "Medicine knows no sect." We have no inclosure from which to bar out any physician recognized as reputable. We have not taken up the acknowledgment of any other. A recent issue of a journal which has labored assiduously against the new code most unjustifiably says, editorially, that we have come down to the company of all sorts of charlatans. They cannot be ignorant of what "legally qualified practitioners of medicine" are in this state. It is sincerely to be hoped that we shall not lose the continued presence of those old and worthy members who have been grieved by the recent action of the society.

It has been intimated that a new state society would be formed of those who prefer the old way. This is not probable. Secession is not a popular method of objecting to a fair majority vote. The history, the traditions, the young blood and an increasing majority would be left behind. If a blot appears to have been thrown on the fair escutcheon, it is better to try and erase it, or see if time will not prove that it appeared a blot only through conservative eyes.

It is, of course, a matter of regret that the delegates from this state will not, for a time at least, be received by the National Association. The society, and most of the county societies as well, existed for nearly half a century, however, without it, and will continue to live if for a few years they lose their representation; it will not be necessary to wait many. It is a question which will suffer most by the mutual deprivation. May all be minded to hasten quickly after the inevitable onward moving of events.

——Binding the Transactions. — Members of the Albany County Society are asked to give attention to two items:

First. As to *binding* our Transactions. Having finished Volume III., we want to complete our work by putting it into a permanent form. We have arranged to have it bound uniformly with the preceding volumes, but with a finer quality of cloth. It is desired that for this purpose all may send their files, complete for the three years, to 17 Washington avenue. As an added inducement there have been collected a number of heliotype and steel portraits of prominent deceased members, which

will be added gratuitously, and will form a valuable embellishment. The committee sincerely hope that all the members will heed this invitation, as the arrangenents made include all. It is extended to our subscribers generally who have complete files for the three years, but the portraits can be furnished to but a limited number, as we have hardly more than enough for the society; if any of these fail, however, of a speedy response, they will be given to others in the order of their sending. The price of binding the Volume III. is put at 75 cents; of it and the current ANNALS printed along with it and having an index for the three years, $1.25 for the two volumes. Those sending us *two dollars* will *receive the journal for this year* in addition to the binding of the volumes. We must ask that the money accompany the journals. If to be returned by mail, 15 cents more per volume may be sent. We might say also that any portraits that individuals may collect in addition to these may be added to their own volumes.

Second. We desire also to call attention, especially of members of the Society, to the matter of subscriptions. They are reminded that they have requested the continuance of the journal. Various plans were proposed for assisting it financially—by forming a journal association, by taking special contributions, etc., none of which have been thought best. But it is requested and necessary to its support that all pay the small subscription price. It would be esteemed a favor if any would pay for a number of copies, to be sent to whoever they may designate. It is not probably necessary to say that your committee do not make money out of the journal; on the contrary, they are grateful if ends are made to meet. We hope each one will contribute to its support, and not only pecuniarily but with the pen. Both will be welcome.

——Dr. FRANCIS B. PARMELE, of Greenbush, and Dr. David E. Fonda, of Albany, died within a few days of each other during last month. Dr. Parmele, though more closely identified with Rensselaer county, was yet a member of this Society. Of New England parentage, his early life was spent in this city, where he obtained his education. He graduated at the Medical College in 1842. His professional life has been across the river at Greenbush, where he filled an esteemed place during a long life, which terminated January 10, in his 68th year.

Dr. Fonda was the son of Dr. Alexander G. Fonda, of Schenectady, the youngest of the ten physicians who, in 1806, assembled to organize this Society, and whose biographical sketch may be found in the first printed volume of its transactions. He was a graduate of Union College and a life-long resident of Schenectady. A brother of his father was also a physician. His grandfather was Colonel Fonda, an officer in the Revolutionary war. He was born in Schenectady, where his early life was spent; in 1817, and at the age of 20, on examination, a license to practice medicine was granted him by the society of that county. The following year he graduated from the Fairfield Medical College, where so many of our oldest physicians received their professional instruction. Dr. Fonda first settled in his native place, and remained there for eleven years. He then came to Albany and here spent the remainder of his life. That was in 1848, and during thirty-five years his has been a familiar figure among our professional men. He was never married. He was a physician of good attainments, and his practice, while much of this time not inconsiderable, was limited by his own inclinations. He was a man suave in manner, kind of heart and well liked by all who knew him. His death occurred January 12, 1883.

——Among our exchanges other new year changes are noted. The *Chicago Medical Journal* has been changed from a semi-monthly to a weekly issue, and the *Louisville Medical News*, already a weekly journal, has enlarged its size. The *American Medical Weekly* is enlarged in size of page and in number of pages. The *Detroit Clinic* and the *Michigan Medical News* are merged into one, a semi-monthly, called the *Medical Age.* These are good, well-conducted journals, the appearanee of which is always very welcome.

MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Abstract of the Minutes of the Regular Stated Meeting of November 22, 1882.

Regular meeting of the Medical Society of the County of Albany, held at Alumni Hall, November 23, 1882.

Dr. N. L. Snow, President, in the chair.

Present: Drs. Snow, Clark, Hun, Fleischman, Lyon, Classen, Hall, Hays, Cook, Fowler, Bartlett, Morrow, Thompson, Stonehouse, Moore, Woodward, Stubbs, of Waterford, Curtis, T. P. Bailey, Ritzman, Ward,

Munson, Van Derveer, Murray, DuBois, Howard Miller, Rouchel and M. J. Lewi.

The minutes of the last regular meeting were read and approved.

Dr. GEOGHAN, who was to have read a paper on the "Physiology of Dreams," was unavoidably absent, and requested by proxy that his paper be deferred until some future meeting.

Dr. R. D. CLARK read a paper and presented a case of "Nasal Calculus," with specimen removed.

Dr. SNOW spoke of a friend afflicted with catarrh to an extent sufficient to unfit him for society. About three years ago, when 40 years of age, he was entirely cured of his catarrh by the removal of a milk tooth which had been fastened there, and concretions formed about it sufficient to close up the nasal passage.

Dr. MORROW enquired if in Dr. Clark's case any other foreign body had ever been lodged in the nasal passage. He thought that the edges were too sharp to admit of its having formed in the nares.

Dr. CLARK answered that the parents scouted the idea of his having had any other foreign body in the nose. When the specimen was extracted it was softer than at present, having been exposed for three weeks before it was placed in alcohol. The specimen had undoubtedly been in the nose for some time.

Dr. CURTIS enquired of Dr. Moore if cases had been reported of nasal calculi occurring *de novo* in the nasal passages, and if such cases were rare.

Dr. MOORE stated that he had removed all sorts of foreign bodies from the nose. He thought that the specimen looked more like bone than calculus—bone that had been pushed in from the outside. He had removed foreign bodies when they have been covered with the mucous membrane of the nose. He had never seen a case of nasal calculus.

Dr. FLEISCHMAN said that Cohen, of Philadelphia, had reported such cases. He thought that hydræmia of any character might induce the blood to exude its serum in sufficient quantities to produce a nucleus for the formation of a calculus in the nose, either from hemorrhage or mucous exudation.

Dr. CLARK said that cases had been reported, but very rarely. This stone was so closely attached to the turbinated bone as to seem to be part of it. The extraction of it was not done at one sitting, but the patient was seen four or five times before its removal was effected.

Dr. CURTIS spoke of a specimen brought to the Society some years ago by Dr. Babcock, over an inch in its long diameter, which had been removed from the rectum of a patient in the Alms House. It was of bone, and it was thought at first that it might be a necrosed piece which had found its way into the intestinal tract; it proved, however, to be a fragment of beef bone.

Dr. VAN DERVEER reported a case as follows: Mrs. C., aged 45, married, mother of five children. At 40 began to have increase of menstrual flow, lasting ten and twelve days. She thought it due to the climacteric. She continued three years in this condition, becoming quite anæmic. She was seen by three or four physicians, one of whom said she had cancer of the

cervix, with ulceration. After using ergot six weeks, a tumor was forced out, which was discovered hanging in the vagina, attached to the anterior wall of the external os. Operation was performed with ecrasure, and the tumor, the size of a goose egg, removed. The uterus is normal; no hemorrhage has followed, and the patient is doing well. Women frequently think they are suffering from change of life when bleeding comes entirely from such tumors. Specimen presented.

Dr. MORROW spoke of a case seen in New York of fibroid of the uterus in a woman 40 years of age. Drs. Taylor, Barker and Lusk had charge of the case. Ergot had brought it down in the cervix, and in its delivery obstetrical forceps were necessary, applied as in delivery of child's head, and then it was dissected from uterine attachment.

Dr. M. J. LEWI spoke of an operation performed by Dr. Van Derveer very much similar to the one spoken of by Dr. Morrow, and called upon the Doctor to report it to the society.

Dr. WARD said if Dr. Van Derveer was too modest he would speak of the operation, which he had witnessed. The tumor was not sub-peritoneal, but was uterine; incision was made through the post-vaginal wall, and the tumor was drawn down with vulsellum forceps, and then delivered by forceps and extracted.

Dr. VAN DERVEER said suggestion for use of forceps was made by Dr Ward. Dr. J. Marion Sims had stated that the operation was a new one at that time. Dr. Vanderveer's patient is now alive and in the enjoyment of good health. The opening was made in the posterior wall of the vagina far up in Douglas' cul-de-sac. With Thomas' scoop Dr. Van Derveer had removed another large tumor recently, a good result following.

Dr. J. S BAILEY moved the Secretary be directed to communicate the thanks of the Society to Mrs. Dr. Northrop for a large portrait, in oil, of the late Dr. Northrop. Unanimously carried.

Dr. M. J. LEWI presented Dr. Herrick's uterine supporters, which he described briefly.

Dr. VAN DERVEER spoke of having used the instrument in question with great success.

Dr. DUBOIS also stated that she had used them in practice with older patients who were suffering from prolapse, and found them very serviceable.

The President announced the following standing committees:

On Pathology—William Hailes, chairman; A. Van Derveer, J. S. Mosher, H. Hun, S. G. Shanks, S. B. Ward, J. W. Moore, S. R. Morrow and George S. Munson.

On Hygiene and the Relations of the Profession to the Public—F. C. Curtis, chairman; D. V. O'Leary, Lorenzo Hale, E. A. Bartlett, J. B. Stonehouse, J. U. Haynes and A. B. Huested.

On Registration—T. Kirk. Perry, chairman; Henry March and Thomas Helme.

On motion the Society adjourned.

M. J. LEWI, *Secretary.*

THE

MEDICAL ANNALS:

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THE UTERUS IN CHILDHOOD.

BY FRANKLIN TOWNSEND, M.D., ALBANY.

While holding a post-mortem examination with Dr. S. O. Vander Poel, Jr., not very long ago, upon the body of a little girl, five years of age, who died of broncho-pneumonia, following measles, I was struck with the disparity existing between the size of the bladder and the uterine body, which latter was so thoroughly hidden by the superimposed and formidably large vesical organ as to be completely lost to view, so far as the natural relation of these parts was presented in this subject. The uterus was then, as is natural, exceedingly small and but poorly developed in its external aspect, cavities and general structure.

It is well understood that the size of this organ, which is small in the fœtus and even in the child of considerable years, increases markedly at puberty, as, in fact, do all other parts of the generative system, and also that it is very inferior, as regards this point, in the nulliparous woman as compared with the multiparous; also that it follows the average cycle of all organs in their development and retrogressive periods, for at the arrival of the menopause do we find it diminishing in size by natural processes, finally assuming a condition of marked atrophy consistent with advanced years. I say *consistent* with old age, for it seems to be a law of nature that from birth onward (and indeed from early intra-uterine life) the increment of growth progressively diminishes, reaching a point finally at which the curve cuts the

abscissa line, and the increment becomes a decrement. But this is so of all metabolic activity taking place in the body. At first this wide-spread activity, sufficient not only to cover the daily waste, but to build up new material, later on is able to meet only the daily wants, and at last is too imperfect even to sustain in its entirety the existing frame.

Such may be said of the body as a whole undergoing it natural decay; with reference to the uterus, though, in its early aspects —in its early cycle of development, better perhaps, there are to be found some curious and interesting facts. In the fœtus this organ is almost cylindrical, gradually assuming the characteristic pear shape, so well known and appreciated. Its position, direction and relations change also with advancing years, on account of the difference of development which exists from one period of life to another, not only between the various parts of the genital organs, but also between those of the pelvis. In childhood the pelvic cavity is but sparingly developed. The uterus, like the bladder, is higher above the brim at this time of life than in the adult, and is generally inclined and even curved forward. A striking antagonism is also to be noticed existing between the body and neck of the organ at the different ages. In childhood the neck is very large, the body being extremely diminutive. The neck is found to be almost cylindrical, the body triangular and decidedly flattened. There is some flexion —generally anteflexion—of the body on the cervix. The cavity of the body, which hardly exists in the fœtus, becomes somewhat triangular during childhood, and at puberty is markedly so. The cervical cavity is very large in children, fusiform, flattened from before backward. The isthmus dividing the body from the neck is well defined in infancy and childhood, less distinct at puberty and almost obliterated in the pluriparous woman. In Sappey's "Traitè d'Anatomie," Vol. III., p. 664, we find the internal measurements as follows: In the nullipara, about 52 millimetres, the body measuring 22, the neck 25, the isthmus 5; in the multipara, about 57 millimetres, the body measuring 28, the neck 24, the isthmus 5. Courty, in his last work on "Diseases of the Uterus," regards these measurements as being rather exaggerated, especially that of the body of the uterus in the multiparous woman, when no disease is existing of this organ. To the measurements given above it is useful to cite, in the same connection, those of other observers, as

Huschke, P. Dubois, Richet and Aran. The measurements as taken were in the long axis of the whole organ, beside the transverse diameter at widest part of body. The following serves as a classification by these authors:

		Huschke.	P. Dubois.	Richet.	Aran.
Length.	Nulliparæ,	2.70 in.	2.70 in.	2.50 in.	2.80 in.
	Multiparæ,	3.60 "	2.90 "	2.70 "	2.75 "
Width.	Nulliparæ,	1.55 "	1.75 "	1.70 "	1.65 "
	Multiparæ,	2.35 "	1.90 "	1.85 "	1.25 "

In all probability, as Barnes remarks, "Huschke's long diameter is manifestly erroneous; it must have been taken from a specimen in which the involution process after pregnancy had not been completed." Dubois' is also somewhat exaggerated. Sappey confirms Richet, whose observations included forty women, from eighteen to fifty years old.

The weight of the uterus in infancy and childhood must be exceedingly small, when we consider that in girls at the age of puberty this organ is from 360 to possibly 1,000 grains, and at womanhood from 1,200 to 1,800; that is, in those who have borne children. In old women it sinks from 100 to 200 grains. At gestation it may weigh from 26 to 52 ounces.

FOREIGN BODY REMOVED FROM THE IRIS, WITH REMARKS ON THE USE OF THE MAGNET.*

BY GEORGE S. MUNSON, M.D., ALBANY.

On January 7, E. W., aged 33, a stonecutter at the Capitol, presented himself for operation with what I judged was a small piece of steel, as seen lying imbedded in the iris tissue at the middle part of a moderately dilated iris at its lower and nasal quadrant. Assisted by Dr. Bendell, with a small Von Graefe cataract knife I made an incision, the length of which from puncture to counter puncture was three lines. With the sudden escape of the aqueous a prolapse of the iris occurred, including that portion embracing the foreign body. This prolapse was then seized with the iridectomy forceps and removed by one cut of the scissors. Atropine was dropped into the eye, which was bandaged, and the patient sent home.

* Read before the Albany Academy of Medicine.

January 8, Mr. W. reported that soon after leaving the office he had had a nervous chill, but had slept well during the night. Blood in the anterior chamber was absorbed. There was no iritis and no pain, except a soreness of the lids caused by the speculum. Both eyes were kept bandaged. At 11 P. M. I was called from my bed to see the patient, whom I found suffering some pain in the eye. By the act of sneezing he had reopened the wound, and the anterior chamber was one-quarter full of blood, the iris was in contact with the cornea, but moderately dilated and healthy in color; there was no pain on pressure over the ciliary region. Atropine and compress bandage were applied.

January 9, wound again closed, anterior chamber restored and blood mostly absorbed; the iris dilated and normal in appearance.

January 10, 5 A. M.—This morning, in response to the call of a messenger, I found my patient suffering intense pain, owing to the fact that, although his hands had been tied together, yet he had managed in his sleep to loosen them and strike his injured eye. The anterior chamber was more than half full of blood; ciliary and nasal neuralgia was intense, and also severe in his teeth, extending, as he expressed it, "from a tooth along the side of the nose up high on to the forehead." Under the application of atropine drops, morphine and four leeches applied to the temple, the attack of iritis was soon under control. The blood in the anterior chamber absorbed very slowly, five days elapsing before all vestige was removed. The wound now remained closed, although by accident it had been reopened twice and each time accompanied by considerable inter-ocular hemorrhage. At the end of two weeks the wound was firmly healed, the eye-ball itself was quite free of congestion, and the vision was twenty-thirtieths, or almost normal. The slight impairment of vision is due to the coloboma formed by the removal of a portion of the iris tissue, for when the patient elevates the lower lid so as to cover this small artificial pupil he has perfectly normal sight.

In connection with the history of the above case, I desire to make a few remarks on the use of the magnet for removal of particles of steel and iron from the interior of the eye. I need not say that the passage of a foreign body into the interior chamber, or the vitreous chamber, is justly regarded as one of the most serious accidents to the eye. Generally speaking, hav-

ing made certain of the diagnosis of a foreign body within the eye, one of two procedures alone is admissable — either a successful removal of the foreign body or enucleation. Until recent years the general practice has been an immediate enucleation of the eye, although some sight may still have been present. Nettleship, in his "Guide to Diseases of the Eye," puts the question thus: "If it is certain that the foreign body has passed into the vitreous, whether through the lens or not, and whether by gunshot or not, it is scarcely ever worth while to attempt to save the eye—enucleate." We are prepared then to appreciate the great importance of the advance step made when first there was published a successful case of removal of a foreign body by means of a magnetized instrument, with preservation of not only the eye-ball but, most important of all, its sight. This honor belongs to a physician in Belfast, Ireland—McKeown, who first published such a case in the *British Medical Journal* in 1874. But still the magnet did not meet with a favorable reception until 1879, when Hirschberg, of Berlin, published his first successful case of removal from the vitreous of a piece of iron one-eighth of an inch long by one-twelfth broad by means of an electro-magnet. This case attracted considerable interest in the scientific world, because it demonstrated clearly that a magnet, sufficiently delicate, could be safely introduced into the eye and have sufficient strength to attract iron and steel so as to remove them safely and with preservation of some sight. Since Hirschberg reported his case there have been many others which, though not all so successful, have yet had a certain measure of success in them; in fact, there is scarcely an oculist now anywhere of extended practice but can give the history of one or more cases. There have also been devised at least a dozen electro-magnetic instruments, all claiming points of excellence, but none really surpassing that originally used by Hirschberg. One author I have found who with candor admitted having himself constructed some fifty magnets of every variety of shape and size. Of course, as he could not use the whole fifty, he selected the one he thought the most convenient and discarded the rest. Thus the use of the magnet is seen to be not a new thing, nor can any one claim that a case in which it has been used is one of the greatest achievements in ophthalmic science, as some specialists would have us believe.

A word as to the application of the magnet in ophthalmology: The magnets in use may be of two kinds—either the permanent magnet or the one whose magnetism is of the intermittent source. The former retains its magnetic power indefinitely; the latter only acts when subjected to an electric current. The permanent magnet has these great disadvantages—it is unreliable, its energy may be dissipated on receiving sudden shocks, and it must be kept guarded by a proper armature. The electro-magnet possesses none of these disadvantages, and so has within the last year become the one almost alone employed in ophthalmic surgery.

Of all substances which may enter the eye none will respond to the magnet except iron and steel. If the foreign body lies on the cornea, it can best be removed with the usual needle. If it lies loosely in the anterior chamber, the case will be most favorable of any that may occur for the use of a magnetized instrument. Having made a small incision at the periphery of the cornea with a lance-shaped knife, insert the needle point of your magnet toward the foreign particle, which, as it is approached, will, with a distinct click, fly to the instrument, and can then be easily withdrawn. If forceps should be used, and unfortunately the piece should escape its grasp and be driven into the iris tissue, then the magnet, if a sufficiently powerful one, may be successful in drawing out the body, or, if not, an iridectomy operation will be necessary.

But fragments which lie in the vitreous are the most dangerous in the mischief which they produce when left alone, and also the most difficult of removal when attempted. Knapp, in 1879, published in pamphlet form a history of the literature on this subject, excluding the use of the magnet, which was in that year a comparatively recent instrument in ophthalmic surgery. He gives only five cases of successful removal. Since that date the magnet has taken the place of all other instruments for this purpose, and has swelled the number of eyes preserved by extraction of the offending iron and steel to such numbers that it would be almost impossible to collect statistics which would include the successful cases. If the patient presents himself within three or four days after the accident, unless the course of inflammation has been unusually rapid and severe, a longitudinal or T-shaped incision should be made in the sclerotic, the needle point of the magnet introduced, and, if successful, you will

often hear a distinct click as the metal jumps to the attracting magnet, which thus will be easily removed. Close the wound with a conjunctival suture, and all will usually result well; but, if the magnet is not successful, it is usually considered wise to enucleate the eye at once. No case has yet been reported, to my knowledge, in which the foreign body, when lying within the eye longer than five days, has been successfully extracted, with preservation of sight.

At present I am having made in New York city an intermittent magnet, after the model of Hirschberg, of Berlin, but having these advantages: It will be of smaller size, with an equal amount of magnetic force: the needle will be conical, in order to concentrate the force at its point, and the whole will be enclosed in a compact box, making it easily portable. A full description of Hirschberg's magnet, with plate, can be found in the *Archives of Ophthalmology*, Vol. X., p. 369.

ADDRESS TO THE GRADUATING CLASS OF THE COLLEGE OF PHARMACY.

BY A. B. HUESTED, M.D., ALBANY,

President of the New York State Pharmaceutical Association.

The calling of a pharmacist is one of no ordinary nature and responsibility, and one that may not be mastered in a day, month or year. It is not a trade, commercial pursuit, nor yet a profession. It combines and partakes of all these, and is expressed by a term which means, literally, the giving or using of medicines—as generally accepted, the preparation of medicines. It is a trade, because actual labor, almost, if not quite, mechanical, is requisite; a commercial pursuit, because a knowledge of the laws of business and the interchange of goods is indispensable; a profession, because of the knowledge you profess to have of pharmacy, chemistry, botany and of the materials, their relations and properties, in which you deal. Your course of preparation enabling you to receive this diploma of a pharmacist has been, for at least four years, a combination of labor, observation and study. Your present proficiency and future success depend, in a great measure, upon how diligently you have occupied the time in study, observation and the forming of habits of precision and order.

At this stage of your progress you ought to be sufficiently acquainted with the duties and responsibilities that will be required of you to have definite convictions as to your fitness and ability for the calling. A natural or acquired love for your work is almost essential for success. You must expect long hours of unremitting labor. You must assume responsibilities that are of no trivial nature, for you are to deal in materials potent alike for destruction and repair; let all the safeguards that method, order and habit can devise be thrown around your business.

I would aim to present a thoughtful, serious view of pharmacy in its highest and best sense. Pharmacists as they are is one thing; as they should be, quite another. I do not disparage the pharmacist of to-day; he is often superior to the advantages that have been open to him. You have knowledge and experience to form in your imagination the picture of the perfect pharmacist; when this is done, make it your aim to become as near like it as possible. The first requisite should be perfect integrity. His word should be as reliable as are the laws of chemistry. Without this all other knowledge, however complete, will count as nothing for the good of himself and his fellows. The more education without honesty, the greater self-degredation and the power for evil. This requisite is the more important because now, as in the past, there are many imputations of dishonesty to our craft, some, I am sorry to say, well founded, and because also reports of dishonest and fraudulent transactions fly faster and farther than others, and a refutation never reaches the bounds to which the reports of fraud have gone. In early times an air of mystery, even sorcery, dealing with the evil one, was laid at our door; and, though at the present this belief in communion with evil spirits is done away, there is to many a mystery and blindness about your calling that it is not well to cultivate. When opportunity offers do not hesitate to make plain and clear all that you can.

The next requisite is a thorough knowledge of the materials you handle, their goodness, properties, relations to each other, mode of preparation and use. These materials being obtained almost wholly from the vegetable and mineral kingdoms, some knowledge of botany is desirable. By this science you are enabled to verify what experience may have taught—to identify the substances used and detect fraud when attempted to be prac-

ticed. Without botanical knowledge you can succeed; not so with chemistry. A thorough knowledge of the fundamental laws of this is an absolute requirement. You are not supposed to be a finished chemist, but to be so familiar with the A, B, C of chemistry as to readily identify all the common elements and ordinary chemical medicines, aud to foretell the result of combinations of these is indispensable. You are not at the present day expected to manufacture your chemical medicines, but are supposed to be capable of identifying them, of testing their purity or impurity. This you should do at times, the more so if you have reason to suspect their goodness. Exigencies may arise when you will find it of great advantage to be able to manufacture some article seldom called for or suddenly found to be wanting in your market.

With the processes for the preparation of vegetable medicines you are undoubtedly familiar. In galenical pharmacy your first consideration is quality of material, then proper manipulation, with strict attention to every detail, and you may be assured of good results.

I come now to speak of your calling generally, its conditions, management, relations to the public and physicians. The first pharmacists were physicians, or rather the physician was his own pharmacist. In time, as medicine advanced and remedies multiplied, there was a division of labor, and the one prepared what the other used. After a further lapse of time each calling was divided and again subdivided, until now we have physicians for almost every known disease and pharmacists and chemists preparing the different kinds of remedies. To such an extent has this division of labor in pharmacy been carried that some have supposed experience and education obsolete accomplishments, and the only requirement now necessary was that of any ordinary business man—ability to make good bargains in buying and sell at good profit when called upon. It is true, many articles are now sold that can be and are bought of the best quality from large manufacturers; it is also true that in the last twenty years the preparations used have increased largely, yet the pharmacist who can manufacture his own, or certify from actual personal knowledge to the strength and purity of what he furnishes, has kept and always will keep the lead.

In the older countries pharmacy has for a long time been subject to control by law. Only recently has it been considered

necessary to exercise any control whatever over it here. Thirteen of our states and seven large cities now have laws designed to compel a better education in pharmacy. To their credit, be it said, the pharmacists are the active workers in these measures. Much honor is due to William Proctor, Alfred B. Taylor, Edward Parrish, Edward R. Squibb and others who have labored earnestly for scientific pharmacy and pure medicines. Too much praise cannot be given to the last mentioned for the stand he took years since regarding the strength and purity of medicines, for it is to his efforts largely, I believe, that you can to-day obtain in all our markets medicines of unexceptionable quality and strength. This work should be carried on.

In the management of your business you will have to be guided in a great measure by your circumstances and surroundings. Make your pharmacy strictly a place of business, and do not allow its use for the convenience of idlers. Let your best efforts be devoted mainly to its legitimate work. Outside articles that have crept into it under the name of "druggists sundries" have no place in connection withe pure and scientific pharmacy.

Your relations to the public are quite different from those existing between other dealers and their patrons. Your skill and goods are a sort of reserve to be called upon when the need arises—often when care and anxiety for the comfort, even the life of kindred and friends, are weighing upon the mind. Let your manner with patrons be attentive, serious and respectful, with no appearance of inattention or frivolity, for thus you aid in securing accuracy, and gain their confidence. That the masses are ignorant of the value of many of your goods is true. This should not be taken advantage of, but a fair or just profit only for these and your labor secured. More than this is extortion, dishonorable, and he who demands it unworthy the name of a pharmacist.

Between the physician and yourself there exists much the same relation as obtains with architect and master mechanic. As the latter carries out the instructions of the former to the very line, except in rare cases where an error or deviation from the intended plan is plainly evident, so you in the preparation of the physicians prescription should be guided by the letter of the order, hesitating only when your knowledge of agent and effect tells you the instructions were not what were intended. The

master mechanic, not knowing all the uses and purposes of the structure he is rearing, is not capable of suggesting changes; so you, equally blind regarding the application of your order, should not offer a change when asked to do so, much less volunteer it. Neither should you take upon yourselves the duty of physician, however much your knowledge of remedies, doses and effects may tempt you. With disease, its diagnosis and the application of remedies, you are but little better acquainted than many mothers and old women. Your relations are reciprocal. The more you apply yourself to your legitimate calling, thus enabling you to furnish goods of the best quality, the more indispensable you become to him; the more he perfects himself in his profession the less is he enabled to supply his own remedial agents and the more dependent for these upon you. Your position, honorably and ably held, is worthy of equal credit. Let no dishonorable or secret league tempt you from occupying it to the fullest extent; so you will command his confidence and respect, and reap a sure reward.

Among yourselves cultivate feelings of friendship, giving assistance and accommodation where asked and you know that it is not undeserved. Work with the thought of the elevation and general good of your calling in mind. Should you in your labor discover new facts, make them known. By a combination of the work of all is the general good of all made greater. Selfish purposes do not accrue to your own best interest, though they may add to your pecuniary value. A reputation for ability and willingness to assist those in need, of having contributed something to the general fund of information, is a richer and more lasting legacy to leave behind you for the world and your own descendants than money.

Thus briefly are the main requirements and obligations of your calling set forth. The general method of your business in this country makes you merchant, druggist and pharmacist. This has made less the number of highly educated pharmacists, but has, perhaps, increased largely the number of fairly educated druggists and pharmacists. As every kind of education does and must progress or die out, so with this. Pure pharmacy, stripped of all its illegitimate accessories, is the desire of its most earnest and devoted friends.

SELECTIONS FROM JOURNALS.

Tanet shows that caffein, from its weak basic character, does not neutralize the smallest trace of acid, and that the salts that are generally supposed to be formed by it do not exist. It does not form salts with organic acids. Acetic, valeric, lactic and citric acids merely dissolve it, and on cooling the solution pure caffein separates. The salt sold as caffein valeriate is only caffein with a little valeric acid adhering to it, while the so-called citrate is simply a mixture of citric acid and caffein in variable quantities. The compounds with the mineral acids are decomposed by water. Thus all these compounds are useless for hypodermic injections. Stable solutions of caffein, which can be used for this purpose, and which have a constant strength, may be made by dissolving the caffein in sodic-benzoate, cinnamate or salicylate, as well as corresponding salts, such as acetate, lactate, sulphate and chloride. In prescribing caffein, the addition of any one of these will prevent the separation of caffein from the menstruum. —*M. Perkins.*

The Injudicious Use of Quinine was the subject of a paper by Dr. D. B. St. John Roosa before the State Society. As a result of experiments on the human subject and animals he finds that doses of ten to fifteen grains appear to cause vascular injection of the auricle, auditory canal, drumhead, conjunctiva and possibly of the optic papilla. There were, besides, the subjective symptoms of tinnitus aurium and exhilaration. A case of otitis caused by it was referred to, and one where impaired hearing was aggravated even by small doses. It was found particularly harmful to ears already in a state of congestion. Inflammation of the retina, as well as of the middle and internal ear, not infrequently follows large doses of the drug. There are a few who deny that the effect of large doses is any thing but evanescent, but the cases published have finally settled the point that, in rare instances, deafness and blindness may result. There are cases where this chance is justifiable, but to the possibility of it attention should be called. But it is sometimes given when its effects are only harmful. Such is pyæmia, where, shutting up the emunctories, it causes the condition opposite to that desired. It is taken often in large doses with no more provocation than for breaking up a severe cold in the head, the public having learned this and using it without medical advice. In the exanthemata diseases of the ear are often aggravated by it. Harm is often done by bringing down high temperature by it, and the fatal collapse is only hastened. Cold in the head and

congestion of the nasal cavities and frontal sinuses are aggravated by appreciable doses of quinine. In all colds affecting the mucous membrane of the nares, eustachian tubes and tympanitic cavities it aggravates the condition, and is therefore a bad remedy. In diseases of the ear it becomes positively harmful by increasing the existing congestion. The use of quinine in cases not malarial in character calls for revision; in any but such its value is doubtful.

Boracic Acid in Diphtheria. — A writer in the *London Lancet* is so impressed with the good result of his treatment that he feels called upon to publish it. He believes the disease to be primarily local, and, further, that it always begins in the fauces, never first in the larynx; consequently it is always accessible early. The exudation he finds is checked, and the false membrane to rapidly disappear with early local application of boracic acid. The solution used is as follows: Boracic acid, two drachms; glycerine and water, each, half an ounce. This to be applied freely every hour at first. He advises its continuance for some days after the throat is clear. It appears innocuous, an ounce having been applied frequently within twenty-four hours in young children.

In regard to the innocuousness of boracic acid, it should be said that a Russian physician reports two cases in which it proved fatal. In one a five per cent. solution was injected within the pleural cavity after an effusion had been aspirated in a case of pleurisy of three weeks' standing, washing it out and part being allowed to remain. The patient soon began to vomit, did so constantly next day, pulse became small and frequent, hiccough came on, and the patient became feeble. An erythema appeared on the face, with swelling, extended and became vesicular. Other symptoms became more marked, and he died on the fourth day. In the other case, a large lumbar abscess was opened and washed out with the same solution; he died on the third day, the same symptoms being observed. No autopsy in either case. It is questionable whether these results were attributable to boracic acid.—*Philadelphia Medical Times.*

Nitro-Glycerine in Heart Disease.—W. E. Greene (*London Practitioner*) places it second to digitalis. It is principally indicated in angina pectoris and in weak, dilated and fatty heart. It paralyzes the vaso-motor nerves, dilating the vessels. Within three minutes of being taken the face flushes, temples throb, pulse becomes much quickened and dicrotic, sometimes the head aches violently, this lessening with each recurring dose. Nausea often follows the earlier doses. At first the dose should be small; one minim of a one per cent. solution in spirits of wine,

and may be increased until fifteen or twenty minims every four or eight hours are taken, though these are heroic doses. Most serious symptoms, fainting and collapse, have followed even the smallest dose, though not fatal as yet reported. It acts in angina, to prevent an attack, by keeping the blood vessels constantly dilated, preventing the backward pressure on the heart, which is probably the cause of the pain. In weak, dilated hearts it acts by reducing arterial tension, lessening the work of the heart. It is applicable to other affections not mentioned. The writer speaks from two years' use of the drug, with increasing appreciation. Its physiological effects are not so rapidly produced as of nitrite of amyl, but continue from four to eight hours, when it is advisable to repeat it.—*New York Medical Abstract.*

The prevention of syphilis, a subject still engaging attention, formed the subject of an address delivered, some time since, by request, before the Philadelphia County Medical Society by Dr. J. William Smith, in which legislative interference is very ably urged, and forms the intent of the paper. On motion of the writer, the discussion of the paper was postponed one year and a committee of seven appointed to thoroughly investigate the matter and report at that time. Arguments in favor of legal supervision are, the nature of the disease, as regards its gravity, ease of contraction and wide diffusion (it is estimated that two millions of the population of this country are infected; that one in fifteen of the inhabitants of New York city are syphilitic, Philadelphia and other large cities having a not dissimilar ratio); the number of prostitutes, estimated ten years ago at one hundred thousand in this country, twelve to fifteen thousand in New York and Philadelphia each; the frequency of this disease among them and its spread by a single one of them, and the importance, therefore of devising a possible means of limiting this spread, by far the most frequent mode of transmitting syphilis being by illicit intercourse; the superiority of this over other plans of arresting its spread, admitting that in the details of every plan yet proposed there has been much defective, if not positively harmful. In indicating the direction in which action must be taken, we must begin by urging more general and accurate public knowledge of the gravity and prevalence of the disease. This may be done by discussions of health societies, by representations to editors of the daily press and by personal information to our friends and patients. As to legal supervision, while the details of many attempts would fill several volumes, the general fundamental principles have been to require the registration of each prostitute, her inspection every week or ten days by a competent officer, her sequestration when found infected till cured. The experiment in St. Louis was suspended by the legislature, who were impressed with the arguments of

impractical moralists. Repressive bills uniformly fail. All attempts at the extinction of prostitution present through the centuries are unbroken records of failure. The remedy has proved worse than the disease—seduction, illegitimacy, criminal abortion.—*Philadelphia Medical Times.*

That trichinæ will survive in salted meat is proven by the experiments of M. Fourment, reported to the French Academy. He took a piece of salted meat from some that was found infested, imbedded it in fine salt and sealed it hermetically for one year, so that the meat was in salt for at least fifteen months. It was then cut in small pieces and the salt well removed by water. Several mice fed on it died, and their intestines contained sexually developed trichinæ. The experiments proved that the trichinæ were still capable of reproduction. Heat has been found to be the only practically reliable means of destroying them, Fjord and Krabbe, both having proved that a temperature of 129° maintained for fifteen minutes kills them, while 158° temperature kills them instantly.

Removal of the forceps before delivery of the head is the subject of an article in the *American Practitioner* by one of its editors, Dr. Theophilus Parvin. Baudelocque taught that they were not to be removed until the parietal protuberances had passed the vulval orifice. Madame Lachapelle criticised the teaching, as inevitably causing rupture of the perineum, the forceps increasing the volume of the head, hastening its escape and making the distention of the vulva greater and more sudden; she favored their gentle removal as soon as the head is out of the bony parts. Lusk recommends their removal as soon as the chin can be reached by the index finger introduced into the rectum. Landis (1880) does not approve the practice. Byford says they may be removed as soon as the obstacle of narrowness of the inferior strait is overcome and before the head passes the vulva. Hodge strongly condemns the practice of removal. He says the liability to injury of the perineum is not enhanced by the presence of the blades, removal takes away the power of rendering further assistance, and with a rigid perineum is not safe for the tissues of the child. Pinard, in an elaborate article, takes issue with Lachapelle, because, expulsive efforts failing, a re-application is necessary, and because during the removal of the blades a sudden escape of the head by a contraction coming on may produce the rent we aim to avoid; they should remain unless the head has been seized in an irregular mode. Spiegleberg opposes removing the blades.

Improperly used the forceps may cause perineal tears, by too rapid delivery or by letting the blades depart from the head so

far as to plow the posterior vaginal wall. Expulsive efforts may fail, and in that event there is no available power, the practice of Smellie of using the fingers in the rectum having objections, being a repulsive procedure, causing possible injury to the recto-vaginal septum and increasing the voluntary efforts, so as to produce too rapid expulsion of the head.

The forceps furnish the best means to delivery until the perineum is dilated and direct the head in the axis of the vulval opening. If the Lachapelle practice prevails, what earthly use can be made of the "vest-pocket" forceps? Its only opportunity is rudely, rashly taken away. The changes to the head made by the forceps are not fully determined. The conclusions of Budin's experiments, the most recent though not positive, are that, if compressed in any direction, its opposite diameters increase, and they especially give prominence to modifications of the suboccipital diameter. If seized, as it ought always to be, by its biparietal diameter, while this is lessened the suboccipital is increased. Practically the forceps do not lessen the size of the head so as in any way to contribute to the safety of the perineum, and the argument for their removal must rest on other grounds already given. The weight of obstetric authority is against the adoption of the practice of Lachapelle.

Bichloride of mercury, in a solution of one grain to the pint of water, to which two ounces of cherry laurel water may be added, is recommended by Dr. J. N. Mackenzie (*Maryland Medical Journal*) in the treatment of inflammatory condition of the nose and throat with profuse muco-purulent secretion. Crusts that may be present and tenacious mucus should be removed from the surfaces, which should then be sprayed with an atomizer provided with suitable tubes. He regards it as a most valuable disinfectant in ozœna and fœtor of the breath from pharyngeal disease. He has found it successful in his own case in abating an acute coryza, and has had good results in treating chronic nasal catarrh.— *Western Medical Review.*

The following suggestion for the treatment of gonorrhœa comes from a correspondent of the *London Lancet*, the outcome of considerable experience, as he admits, both subjective and objective: A pound of cubebs is roughly ground and put into two hundred ounces of cold water in a wide-mouthed bottle; two ounces of iodide of potassium is added and several large lumps of camphor to make it keep. This is kept in a cool place, shaken up two or three times a day for a few days and then the clear infusion poured off, and is ready for use.

ALUMNI AND COLLEGE NOTES.

The Alumni Association elected the following officers at its recent meeting: President, Dr. Jacob S. Mosher ('63), Albany; vice-presidents, Drs. F. S. Greene ('46), Coxsackie; B. S. McCabe ('50), Greenville; Daniel Peabody ('63), Springfield, Mass.; W. W. Appley ('70), Cochecton; Robert Thompson ('70), Troy; executive committee, Drs. Mahlon Felton ('59), Troy; A. B. Huested ('63), D. C. Case ('70), T. W. Nellis ('81), Albany. Drs. Tucker, Ullman and Stonehouse were reëlected secretary, treasurer and historian.

The following prizes were taken at the commencement of the Medical College: A prize for the best report of the surgical clinics given during the session, offered by Prof. Van Derveer, was awarded to F. L. Ladue. A second prize on the same subject, given by Prof. Ward, was awarded to John F. Reilly. Two prizes offered by Prof. Merrill for the best report of his eye and ear clinics, of a Loring and a Liebreich ophthalmoscope, were secured by J. F. Reilly and N. E. Heath. The curators reported that the theses worthy of special commendation were those of Theobald Smith, J. H. Skillicorn and C. P. McCabe. The successful competitors for the position of junior assistant in the the Albany Hospital were J. Leslie Smith and Martin Dwyer of the graduating class.

The chair in the faculty formerly filled by Dr. Edward R. Hun and made vacant by his death three years ago, that of diseases of the nervous system, has been filled by the appointment to it of his younger brother, Dr. Henry Hun. Dr. Hun is a graduate of the Harvard Medical College, and has spent a considerable time in Europe, especially in the study of nervous diseases. Added to his unlimited opportunities, he is a conscientious student, and will add a very valuable part to the college curriculum.

The attendance at the alumni reception on commencement morning was large and at the regular meeting of the afternoon Alumni Hall was filled to its entire capacity. This room, now beautifully fitted up and just adapted to its purpose, adds very much to the attractiveness of the meeting. Its walls are already becoming well covered with portraits of the Alumni, of graduating class groups and members of the Albany County Society, which holds it meetings here.

THE MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

EDITORIAL COMMITTEE:

F. C. CURTIS, M.D., LORENZO HALE, M.D.,
A. VAN DERVEER, M.D., JNO. BEN. STONEHOUSE, M.D.,
WILLIS G. TUCKER, M.D.

VOL. IV. MARCH, 1883. No. 3.

——Two departments of Union University have celebrated their commencements since our last issue. Ten years ago next month the union of the previously separate institutions of learning now constituting the University was consummated — Union College, founded in the last century and one of the potent factors in the intellectual growth of the state and nation, the Medical College, organized in the 38th year of the present century and the alma mater of fifteen hundred of the physicians of the country, the Dudley Observatory and the Law School, both existing since the middle of the century and with more than national reputation, and finally the College of Pharmacy, included at its more recent incorporation three years ago, constituting a quintette in which each holds a position of high respectability in its special field of educational work and a university to which each contributes a considerable segment of the round of general education, an invaluable mass of educational material and machinery, such as museums, libraries and apparatus, a worthy history, a large holding of influential friends and a considerable *clientelle.* Similar in such worthy possessions and dissimilar in their varying fields of work, these neighboring institutions are well adapted to a union into a university, to the consummation of which one of the most thoughtful and active leaders in educational enterprises of this vicinity, Dr. James H. Armsby, gave much work. The experience of its ten years' existence has proved the wisdom of his efforts.

Of the two departments holding their commencements thus early in the decennial year of the University, that of the School

of Pharmacy occurred on the evening of February 27. The exercises were held in Alumni Hall, and were well attended. After an address by the president of the faculty, Dr. J. S. Mosher, degrees were conferred by the president of the University, Rev. E. N. Potter, D.D., upon ten graduates, two being, however withheld until their legal period of apprenticeship had expired. The address to the graduates, part of which may be found on preceding pages, was delivered by the president of the the State Pharmaceutical Association, Dr. A. B. Huested, of this city. The valedictory was given by Mr. Louis Sautter, Jr., and the exercises were ended by the giving of prizes for proficiency in the course. The course of this school extends over two years, and candidates for the degree of Ph.G. are further required to have served a four years' apprenticeship with a reputable pharmacist. The interest of the profession in such a school is manifestly considerable.

The commencement of the Medical College was held on the 8th instant. During the afternoon the Alumni Association held its meeting, a large attendance being present. Prof. Bigelow gave an address of welcome, reviewing the work of the College during the year and showing that during the course, now of six months, 800 didactic and 130 clinical lectures had been given to a class of 156 students.

The address of the president, Dr. Van Etten, of Port Jarvis, dwelt largely on the prominent question now of a higher grade of medical education. Many interesting facts were brought out by class historians of decennial periods, ten, twenty and thirty year graduates. The McNaughton memorial prize, for which five essays on "Diabetes Mellitus" were offered in competition, was awarded to Dr. Charles E. Jones, of Albany, and Dr. Clinton B. Herrick, of Troy, secured the Armsby memorial prize, on "The Anatomy of the Hip-joint." No competitor appeared for the surgical prize on "Colles' Fracture," and, as this is now increased to $300, it ought to stimulate some effort for it next year among the alumni of the college. It might be suggested whether it would not be advantageous to add all the prizes together, making one prize of over five hundred dollars, and thus make it better worth one's while to undertake the work necessary to the preparation of a worthy prize essay.

The commencement exercises were held in the evening, at Music Hall. After an essay by W. D. Hasbrouck, of the

graduating class, President Potter conferred degrees upon 51 graduates; honorary degrees were also conferred upon Drs. P. J. Keegan, S. R. Morrow, R. D. Clark and P. B. Collier, all of this city and members of the late summer faculty. A very thoughtful and entertaining address was given by Rev. Dr. William S. Smart, on "The Spirit and Methods of Professional Life." Mr. Charles S. Barney, of the graduating class, delivered the valedictory. The reports of prizes secured by different members of the class may be found on another page. The alumni dinner followed the commencement exercises and terminated another interesting day in the history of the Albany Medical College and of Union University.

——Not long since an editorial appeared in the *Albany Argus* on after dinner speakers, written in the recognized vein of its editor-in-chief and containing much that was true in the happy analysis of individualities, in which he is so notably gifted. Unfortunately one of those characteristics of editors, that of modesty, especially when a marked style renders the editorial anonyme a fiction, precluded the possibility of including the name of Mr. St. Clair McKelway among the noteworthy after dinner speakers, to say nothing of mentioning the fact that he should stand in a rather lonely position at the head of the list. With a stock of fresh humor, that repeated reappearance fails to exhaust, a happy gift of making his words appear the inspiration of the moment, eloquent characterization of his theme, if he chooses to follow it, most graphical diction and a vocabulary of extraordinary range, together with, for medical assemblages, a familiarity with medical affairs and men, an appreciative sympathy with the spirit of the profession that is very rare among laymen and a taste for its work, following an inherited and acquired relationship to the profession, it is no wonder that he has become a familiar and welcome figure at all the banquets of medical men here — so familiar that it seemed quite natural for him to preface his remarks at a recent occasion with "Fellow members of the Medical Society of the State of New York," and so welcome that no public dinner is considered complete without him. The *Argus*, always friendly to the profession in a worthy way, has become interestedly more so under his guidance and by the aid of his versatile pen. The latter only is capable of doing perfect justice to the subject of these remarks, and we would invoke it but for the impossibility of maintaining its disguise.

——The Schenectady Academy of Medicine is the name of a recently started society in the ancient town. It is probably no truer of Schenectady, as a correspondent writes us, than of many other counties that the county society has become dead as far as scientific energy goes. It was so in Greene county until a few energetic young men in Catskill revived the existing society and gave it a new life. If the county societies hold only their legally required annual and semi-annual meetings; if these are slimly attended, devoted only to the transaction of a little business, no papers read even by the principal officers, no consultation over existing diseases or possible epidemics held, no habit of co-ordinate work established, it is difficult to say what the object of that society is or why it exists. If in such a state, the best way to remedy it is for the young men to infuse their ardent spirit into the existing society. It has here the history, machinery and substantial permanence that cannot be put into a new organization. It will take a longer and more persistent effort to establish it than to awaken the established one. But if, as may be the case, there are some who stand in the way of this, then perhaps it is better to start *de novo*. Certainly it is better than to not start at all. There are difficulties in the way of frequent meetings of country physicians that those in the city know nothing of and have not for an excuse. It is hard for those in remote parts of this county to come to Albany often. In some parts of the state the meetings are particularly inaccessible. But any of them can meet as often as four times a year, and well-attended quarterly meetings would hold the geographically associated profession well together. Columbia county succeeds in this, and holds instructive and useful meetings in various parts of the shire successfully. Old Dorp surely ought to do better than our correspondent reports; the profession there need not be solicitous to accord with its phlegmatic traditions. But if the old society is not to be aroused to better things at present, it is well for those who wish better things to try a new way, and we wish them success, which they will have if they are earnest. *Ubi mel, ibi apes.*

Dr. Caroline S. Pease, a member of the Rensselaer County Medical Society, has been appointed a member of the staff of the Troy Hospital, taking the department of obstetrics and diseases of women and children.

——There are seventeen medical journals published in New York city. Of these four are issued weekly, six appear monthly, one bi-monthly and six quarterly. Ten of them are on general medicine and surgery, the rest on special subjects—dermatology, nervous diseases, obstetrics and diseases of the larynx, eye and ear. At fitful intervals others appear meteorically.

——The list of portraits with which it is expected to embellish the volumes of the Annals and Transactions that it is proposed to bind (see page 44 of the February number), and concerning which inquiry is made by those sending in their files, is the following: Drs. James H. Armsby, J. P. Boyd, Peter McNaughton, James McNaughton, Alden March, J. N. Northrop, U. G. Bigelow, C. A. Robertson, E. R. Hun, J. L. Babcock, B. B. Fredenburgh and S. O. Vander Poel. As these are all generously contributed to the volume, appreciation of this, if not of the portraits themselves, should lead every member to secure them. We shall be glad to supply those not members, also, as far as possible. Gentlemen may individually secure portraits or other pictures they desire to have added to their special volumes, in addition to these above noted. Any they send will be put into their volume. At Munsell's, 82 State street, a number of portraits may be found, at a cost of five cents each—among them of Drs. Armsby, T. Romeyn Beck, Thomas Hun, Alden March, Quackenbush and Howard Townsend. Some of these have already appeared in Vol. I. of our Transactions. There are also old wood-cuts of the Medical College and Albany Hospital which possess some interest.

——Our subscribers are interested in writing as well as in reading. Among the necessities which recent invention has created is the stylographic pen. It is the only portable ink-writing pencil of practical utility; a considerable experimentation has convinced the writer of this. Mr. Livermore, whose pen we have used with satisfaction, deserves well of all who write, in that having made some new improvements to the pen he has at the same time reduced the price of it to two dollars, on receipt of which sum, sent to Louis E. Dunlap, 290 Washington street, Boston, Mass., it will be sent by return mail.

——Philip S. Wales, Surgeon-General United States Navy, thus commends Listerine: "After examining the formula of Listerine, which contains some of the best known antiseptics, I

was impressed with the idea that the combination was a happy one, and would furnish a serviceable and handy agent for antisepticism, possessed of the fewest drawbacks as regards irritating and poisonous properties, and a thorough trial of it in diphtheria, scarlet fever, obstetric cases, and in several important surgical operations, has demonstrated that these impressions were well founded. Listerine may be relied upon as efficient an antiseptic."

MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Abstract of the Minutes of the Regular Stated Meeting of December 6, 1882.

A regular meeting of the Medical Society of the County of Albany was held in Alumni Hall, Albany Medical College, December 6.

The President, Dr. N. L. Snow, in the chair.

There were present Drs. Bartlett, Townsend, O'Leary, Munson, Clark, Cook, T. P. Bailey, Gould, W. B. Sabin, D. C. Case, Classen, DuBois, Rouchel, March, Lyon, H. Hun, Hoit, Hailes, Fleischman, Ward, McAllister, Vander Poel, La Moure, Curtis, J. S. Mosher, Merrill, Van Derveer, Boyd and M. J. Lewi.

The minutes of the last regular meeting were read and approved.

Dr. Wm. Hailes presented specimens of fat embolus in the human lungs. The specimens shown under the microscope, photographs of which were distributed to those present, had been obtained from the lungs of a patient dying suddenly after fracture of both bones of both legs, whose history, briefly stated is as follows: Seemed to be doing fairly well until the third day, when he became exceedingly restless, there was difficulty of breathing, symptoms of asphyxia followed shortly thereafter, and death ensued. A post-mortem examination showed the organs, other than the lungs, to be normal. By drawing the lung tissue tightly over the first finger and snipping off an elevated portion with the scissors the specimens under the microscope had been obtained. Oil globules had been found in the branches of the pulmonary artery. The oil from the adipose tissue in such contusions, becoming free from its attachments, is taken up by the gaping veins to the right side of the heart, thence it was carried to the pulmonary artery and finally arrested in the vessels of the lung. Wagner, of Leipsig, first brought this subject to the attention of the profession. He demonstrated the presence of oil in the glomeruli of the kidneys and in other important organs. Osmic acid browns and ultimately blackens oil globules, making them appear like pigmentary deposits.

Dr. Ward enquired if death, with symptoms of lung trouble, were to follow a serious fracture if it would be fair to presume that fatty emboli were present in the lung tissue.

Dr. HAILES said that fatty emboli occurred after almost all severe fractures of large bones, but was not generally sufficiently severe to cause death.

Dr. FRANKLIN TOWNSEND presented a specimen of a uterus and its appendixes from a child four years of age who had died from bronchopneumonia, demonstrating its anatomical peculiarities. He stated that there was but little growth in the pelvic organs between the first year of life and the tenth year, the only exception being the bladder. He spoke of the dearth of literature on the subject of the development of the uterus and its attachments before the age of puberty, and closed by giving diameters of the uterus in the virgin, in women who have never borne children and in mothers.

Dr. HUN cited case of uterus removed from child ten years of age.

Dr. VANDER POEL stated that he was present at the post-mortem held on Dr. Townsend's patient, and was surprised to find the walls of the bladder at least one-fourth of an inch thick.

Dr. COOK enquired if in Dr. Hun's case the walls of the bladder were also thickened.

Dr. HUN answered that the walls of the bladder in the case of the child ten years of age referred to seemed to be normal; the cervix of the uterus, however, was abnormally long, and he thought that in such cases the gravity of the fundus and the elongation of the neck would be fruitful causes of flexions.

Dr. HAILES remarked that there was no need of development in the pelvic organs until the age of puberty, unless it be the bladder, which is used from birth, and therefore is enlarged, as to its walls, according to necessity.

Dr. F. C. CURTIS, being called upon, spoke of the advisability of forming a Journal Reading Association, in order to assist the publication of the MEDICAL ANNALS. Various plans were discussed for furthering the interests of THE ANNALS, and after debate by Drs. Clark, Ward, Van Derveer and Lewi, the following motion, introduced by Dr. Townsend, was carried:

Resolved, That Dr. F. C. Curtis, as editor-in-chief of the new ANNALS, which is to represent the Society, be empowered to solicit contributions to continue it in operation.

On motion the Society adjourned.

M. J. LEWI, *Secretary.*

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

VOL. IV. APRIL, 1883. No. 4.

DIABETES MELLITUS:

McNAUGHTON MEMORIAL PRIZE ESSAY OF THE ALBANY MEDICAL COLLEGE ALUMNI ASSOCIATION.

BY CHARLES E. JONES, A.M., M.D., ALBANY.

Etymology.—From the fact that patients presenting the usual symptoms of diabetes passed an excessive quantity of urine, Aretaeus gave the name *Διαβητης*, a siphon, derived from *δια*, "through," and *βαίνω*, "I pass."

Synonyms.—Mellituria, glycosuria; French, *Diabète sucré;* German, *Zuckerharnruhr;* Italian, *Flosso d'Orina.*

History.—Although an abnormal flow of urine, accompanied by well-defined symptoms, was known to the ancients, yet any attempt to differentiate the now recognized forms of diabetes seems never to have been made by them. A retrospective glance at the past, however, will show that the discoveries materially affecting the pathology of diabetes number but four—(1) That of Willis, who demonstrated, in 1764, the presence of sugar in the urine. (2) The discovery of Matthew Dobson, of Liverpool, that the blood, as well as the urine, contained sugar in persons suffering from diabetes. Dobson was led to this opinion through the sweet taste of the blood. Ambrosiani, of Pavia, in 1835, by a series of elaborate experiments, positively confirmed this discovery. Dobson also predicated that sugar in the urine was not formed in the kidney, but was only an excretion. (3) In 1815 Chevreul proved that the sugar met with in diabetic

urine was different from cane sugar, and was closely allied to grape sugar in its composition. (4) In 1848 the physiological world experienced a revolutionary shock, fraught with as much importance to diabetic pathology as the *coup d'état* of the same year was to the French people. In that year Bernard announced his discovery of the sugar-forming function of the liver, although his theory of glycogenesis was not completed before his discovery of animal starch in 1857.

Tributary to these four great beacon lights may be mentioned the success of Cowley, of England, in 1778, in separating sugar from the urine in a free state. In 1825 Tiedman and Gemelin experimentally proved that starchy matter is transformed into sugar during its passage through the intestinal canal. In 1837 Dr. McGregor, of Glasgow, detected sugar in the vomit of diabetics, and from this fact attributed its cause to digestive error.

Etiology.—Notwithstanding the extended and elaborate investigations of physiologists for the past thirty years and the searching observations of clinicians, the pathogenesis of diabetes is still clouded with uncertainty. As pathology advances, the old notion that functional disorders are not associated with anatomical changes becomes less and less probable. Indeed, reasoning from analogy, it seems almost certain that all so-called functional disorders, however evanescent, must be derived from a more or less transitory disturbance of some of the fluids or solids of the body. The disease under consideration was for years looked upon as an error of function, rather than arising from definite and, in many instances, recognizable anatomical lesions. Its causation, though sometimes obscure, can in most cases, I think, be ascertained by careful and acute examination.

Of predisposing causes may be noted heredity and gout. That this unenviable legacy may be bequeathed by a glycosuric ancestry the published cases of West, Cantani, Lancereaux, Geisinger, Pavy and others leave but little doubt. Dr. Mosler reports a case where the father, mother two sisters and brother of the patient died of diabetes. Perhaps the most noted illustration of hereditary influence is that related by Isenflamm, where seven of the descendants of a diabetic died of the same malady. This predisposition, however, may take place in a more indirect way — through an inheritance of epilepsy and mental disorders. A connection between these nervous affections and diabetes has now been positively established. The influence of

a gouty diathesis as a predisposing cause is by no means conclusively proven, though I incline to the opinion that it may be an important factor, especially when hereditary, in developing the disease. Bouchardat, in a memoir published in 1840, says: "Whenever the organic acids exist in considerable quantity, we simultaneously encounter that modification of albumen which acts in converting fecula into sugar; this occurs in the ripening of fruits. The same coincidence occurs in the origin of diabetes; the suppression of the perspiration and the perversion of the secretions of the mucous membrane and glands of the digestive organs." Crude as this language may seem from a physiological standpoint, yet it strikes the key-note of the possible relation existing between these two diseases. In gout the blood is impregnated with uric acid. It seems, through its morbific influence, to be formed in the system disproportionately to its elimination by the kidney, thus uniting with the blood salts, urates are formed, which, from being deposited in diverse structures of the body, give rise to the phenomena associated with gout. Ranke has found that in chronic gout the quantity of uric acid excreted by the kidneys is below that of health, and he also noticed that it is sometimes diminished in diabetes mellitus. The essential point in gout seems to be the mal-assimilation of albuminates. Now, there are many cases of diabetes where a strictly animal diet proves of the greatest service, while in others the albuminates seem to contribuate as largely to the formation of sugar as the carbo-hydrates. May not this apparent contradiction be explained by referring the latter class of cases to a gouty diathesis? I do not wish to convey the idea that mellituria is found in connection with developed cases of chronic gout, for, as a matter of fact, it is rarely, if ever, present. It is only with reference to the dyscrasia that attention is called.

In this connection, notice may be made of the lithæmia of Dr. Bence Jones, a condition generally associated with a gouty diathesis, wherein the kidneys eliminate uric acid and urea in excess. Dr. Jones found that glycosuria was frequently associated with this pathological state of the urine. Obesity is admitted by Senator as a predisposing cause, but there is insufficient proof that it may not have been other than a coincidence.

As to sex, it seems to be more prevalent among men than women, probably from the fact that the former are more exposed to the exciting causes than the latter. It occurs from childhood

to old age, though the middle period of life furnishes the majority of cases. It is found oftener among those who live a sedentary life, accompanied with little exercise and a luxurious diet, than among the poorer classes.

The exciting causes are manifold. The celebrated Dr. Prout regarded diabetes as originating in a loss of power to assimilate the saccharine principles we take as food, and it cannot be disputed that mal-assimilation is a frequent element in the production of the disease. Errors of diet, especially the consumption of large quantities of farinaceous or saccharine food, is a common cause. Negroes on sugar plantations, during the harvest of the cane, often suffer from a transitory diabetes. Cantani attributes its prevalence in certain parts of Italy to the fact that the people sustain life almost wholly by starchy foods. Alcoholism may be at the root of the malady. Bernard artificially induced diabetes in dogs by passing alcohol through an œsophageal tube into the duodenum. Harley, in 1851, confirmed the genetic effect of alcohol. The excessive use of malt liquors is instrumental in its production. German physicians note its greater prevalence in the beer-drinking districts of the empire over those localities where wine is the popular beverage. Sexual excess, through its depressing influence on the nervous centres, belongs to this category. Traumatism, particularly wounds of the head, occasion it. Epilepsy and ordinary affections of the brain may develop a temporary or permanent glycosuria. Tumors of the brain must not be forgotten in this connection, nor must apoplectic effusions. Dr. Grossman, of Buda Pesth, relates a case with bi-lateral retinitis with consecutive amaurosis, in which the autopsy discovered a walnut-sized tumor at the base of the brain, anterior to the pons. Abdominal tumors, or even pregnancy, by pressing upon the abdominal sympathetic or cœliac plexus are sometimes the *fons et origo* of the trouble. Three cases are reported where the post-mortem examinations have disclosed tumors the size of a hazelnut lying under the trunk of the vagus at the bi-furcation of the bronchi. M. Laucereaux called the attention of the Acadèmie de Mèdicin (*Gazette des Hopitaux, November* 15, 1877) to some pathological specimens of lesions of the pancreas taken from diabetics. Now, from the fact that after the extirpation of the pancreas in animals they become voracious, emaciated and soon die, he concludes that there exists some causal relation between certain

disorders of the pancreas and diabetes. M. Lapièrre, a pupil of Lancereaux, in 1879, made a special study of diabetes caused by pancreatic disease, and concluded that its outset was sudden, and average duration about twenty months. Pancreatic disease may be associated in two ways with diabetes: First, those diseases of the pancreas, such as cancer, calculi and induration of the organ which, through their connection with the solar and cœliac plexuses, occasion secondary diabetes. Second, those cases where the gland, in common with other organs of the body, becomes atrophic from the general dyscrasia induced by the disease. Seegen (*Der Diabetes Mellitus, 2d edition*, 1875, *pp.* 134–137) from the archives of the General Vienna Hospital collected thirty cases of diabetes, and found thirteen with simple or fatty atrophy of the pancreas.

Mental perturbation from overwork, anxiety and shocks of the emotional centres may form one of the chief links in the chain of diabetic phenomena, and the degree of the disease generally corresponds with the intensity of the cause. The following curious cases amply illustrate the influence of fear and anxiety. Two gentlemen fought a duel in Holland. After the first had fired without effect, he remained in a state of suspense that can better be imagined than described, from his opponent's pistol missing fire twice. He was not wounded, but a few days afterward developed diabetes. Dr. Richardson relates an equally interesting case (*Diseases of Common Life, p.* 90). A healthy boy, eleven years of age, was sent by his father, a carpenter by trade, to a wood yard to give an order for timber. In the yard there was chained a large and savage dog. The child, not aware of this, passed down the yard and was suddenly set upon by the enraged animal. He got out of reach of the brute, but was so overcome by fear that for a few seconds he could not move; he then became faint, was carried home extremely prostrated, became immediately diabetic, and died from that disease three months afterwards. Now, what is the *rationale* of the cases above cited? Bain tells us in his law of self-conservation that "states of pleasure are connected with an increase, states of pain with an abatement of some or all of the vital functions." The vaso-motor centre, according to Ludwig and Owsjannikow, is situated in the grey matter on each side of the median line of the floor of the fourth ventricle, extending from about four millimetres in advance of the beak of the calamus scriptorius to

within one millimetre posterior to the corpora quadrigemina. This centre corresponds so closely to the diabetic centre mapped out by Eckhard that it is a question whether they are not one and the same. Now the deep origin of the pneumogastic nerve has been traced to a grey nucleus in the flow of the fourth ventricle. The hepatic branches of this nerve are distributed to the liver and in some way connected with the glycogenic function of that organ, since, when the end near the brain is galvanized, an excessive secretion of sugar takes place. Remembering that the encephalic centres—that is, the sensory, ideational and emotional—act reflectively on the medulla, we have the key-note to the diabetic phenomena which followed the fright in the quoted cases. The central shock experienced was reflected to the vaso-motor centre, causing the natural arterial tonus to cease, thus dilating the blood vessels and surcharging the capillaries of the liver lobules with blood. At the same time the pneumogastic nerve, which we may fairly suppose to preside over the glycogenic function, became irritated in a similar manner and with the same effects as if it had suffered from Bernard's famous puncture.

Chemistry.—Formula of grape sugar: $C_6 H_{12} O_6 + H_2 O$.

Pure glucose is a white, colorless substance, less sweet than cane sugar, and not so soluble in water. It turns the plane of polarization to the right, while cane sugar turns the plane to the left. It crystalizes into lamina of rhomboid shape if the process takes place slowly, otherwise it has the appearance of irregular masses. In contact with bodies containing nitrogen, especially casine, it undergoes lactic acid fermentation. In diabetic urine it becomes an acid at a medium temperature. This acid may be either acetic, butyric or lactic. When boiled with alkalies it yields brownish colored acids, such as melassic and sacchaluric.

Berthelot and De Lucra consider liver sugar and diabetic sugar as identical, while Rees and Pavy claim the contrary. To quote from Dr. Rees: "The sugar of diabetes is a higher quality of the saccharine principle, and it can preserve its atomic arrangement with much greater force than the hepatic variety." Recent chemical investigations have, however, proven, in my opinion, their identity. It is present in the contents of the small intestines, and according to Mehring, whether the animal had been fasting or not, also irrespective of a nitrogenous or non-nitrogenous diet, contrary to the received idea that the sugar was absorbed by the intestines.

It is present in the chyle, in the egg of the hen, both after hatching and in the unhatched egg. Bernard found it constantly in the blood of the systemic circulation, especially in the hepatic vein, while he found none in the blood of the portal vein, though the results of Mehring's experiments dispute the statement of Bernard's, that no free sugar exists in the portal vein. He found no difference in the amount of sugar in portal or hepatic vein and the vessels of the general circulation. Brücke, afterwards sustained by Bence Jones, and still later by Pavy, claims sugar in minute quantities in natural urine. But recent extensive investigations of Seegen (*Der Diabetes Mellitus*, 2 *Anflage*, *p.* 106) almost positively prove that normal urine contains no sugar. M. Reyonoso (*Gazette Medicale*, *April*, 1882) announced that according to his observations sugar was habitually present in the urine of the aged. But as we now recognize so many factors entering into the causation of diabetes, may not its appearance in his subjects have been merely contingent to some of the obscure pathological conditions incident to old age? Lehmann states that sugar can be detected in the urine of nursing women a day or two after weaning an infant. But he did not recognize the fact that this is not true diabetes, but only an absorption and excretion of lactose which differs greatly in its properties from glucose.

Physiology.—The physiology of the liver and the pathology of diabetes have *pari passu* followed each other since Bernard annouced his discovery in 1848. This was followed in 1849 by his most important discovery, that diabetes could be artificially produced in animals by puncture of the floor of the fourth ventricle. Bernard's theory of the glycosuric function of the liver may be briefly stated as follows: He believed that, in addition to sugar derived from the saccharine and starchy foods ingested, that albuminous substances are converted into sugar by passing through the transitional stage of glycogen. The sugar-forming substance (glycogen) residing in the live cells is transformed into sugar through the action of a special ferment derived from the blood. The sugar thus formed in health enters the general circulation through the hepatic veins and is conveyed to the lungs, where it is consumed by the action of the oxygen of the air. This conclusion, however, he was obliged later on to abandon, when it was proven that the mean difference between the amount of sugar contained in the blood entering the right heart and

and arterial blood coming from the left ventricle was not nearly as great as affirmed by himself, but in fact quite insignificant. Bernard then substituted for his first view the theory that the sugar was destroyed in the peripheral capillaries. Assuming the destruction equal to the supply, no disturbance to the system will arise, but if the ingress of sugar be great and destruction small, or vice versa, the results will be an accumulation of sugar in the system ultimately leading to mellituria. The effect of his puncture of the flow of the fourth ventricle he regarded as due to its giving rise to increased innervation of the liver cells and consequently to increased formation of glycogen and hastening its metamorphosis into sugar. Bernard's views remained uncontested until Pavy (his former pupil, and at first a firm believer in Bernard's theory of glycogenesis), as the result of the most elaborate experimentation, arrived at almost opposite conclusions. His views are embodied in his recent brochure on "Points Connected with Diabetes." They may be concisely summarized as follows: (1) The amount of sugar in the liver is largely below the amount claimed by Bernard. (2) The presence of sugar in the blood is in considerably smaller quantities than asserted by Bernard. (3) His results demonstrated but a slight difference between the amount of sugar contained in arterial and venous blood. (4) He accounts for the disposal of sugar as follows: A small portion may reach the circulation through the thoracic duct by being absorbed; the bulk, however, is absorbed into the portal system. He says: "I do not simply say that the liver does not transmit sugar into the circulation, but that it exerts an active part in preventing it from so passing, and it is through this prevention that we escape being diabetic." He answers the question, "Why does sugar reach the circulation in diabetes in opposition to what normally occurs?" as follows: By ligating the portal vein the systemic circulation becomes surcharged with sugar, though Pavy did not find this to cause the presence of sugar in the urine, contrary to the experience of Bernard, who had observed its presence. This difference in the results of the two observers perhaps may have been due to the ligation of Bernard having been placed low enough down to leave some of the vessels free. Pavy accounts for the urine not becoming saccharine by the excessive accumulation of blood in the portal system to which the operation leads, thus deviating the supply from the general circulation. Impressed by the result of only allow-

ing arterial blood to reach the liver, he tried the effect of injecting defibrinated arterial blood into the veins of the portal system. The result was a marked glycosuria. From these and various other experiments, Pavy concluded that in health the sugar taken into the system becomes converted into amyloid substance. He does not carry the assimilative action farther, but merely states that, in his opinion, sugar is one of the sources of fat. In diabetes this assimilation of sugar does not take place, but the sugar either passes unchanged through the liver, or, after being converted into glycogen, is reconverted into sugar through the action of the abnormally oxygenated blood which reaches the liver. He explains Bernard's puncture by asserting that through the influence of the operation on the vaso-motor centre a hyperæmic state of chyloporetic viscra is occasioned. Now, it is the vaso-motor paralysis that leads to the influx of imperfectly dearterialized blood into the portal system, thus supplying the necessary condition for the genesis of diabetes, according to the theory of oxidation. But Pavy's views did not go unchallenged. Dr. Wm. T. Lusk, of New York, sums up the result of his experiments as follows: (1) That the blood of the general system in carnivorous animals, confined to a nitrogenous diet, contains appreciable quantities of glucose, not only during the period of digestion, as admitted by Bernard, but even in cases where the animals have been deprived of food for a considerable period of time. (2) That the blood of the right side of the heart contains from a quarter to half a grain of glucose per fluid ounce, under strictly physiological conditions. (3) That the quantity of glucose in the blood of the right side of the heart is from two to four times greater than that found under corresponding circumstances in the jugular vein. (4) That this excess argues a by no means insignificant amount of sugar in the pure hepatic blood before it becomes largely diluted with the comparitively non-saccharine fluids of the venæ cavæ. (5) That we are forced to admit the fact of sugar formation by the liver, though we fail to detect the presence of sugar in the liver when, after death, the fermentation of the glycogenic matter is prevented. To detail all the physiological data affecting the pathology of diabetes is beyond the scope of such a paper as this. Indeed, it would be a history of physiology for the last thirty years, so intimately is that science connected with the subject under consideration. It may be mentioned that Kütz and Fre-

richs have confirmed Bernard's conclusion that albumen is a glycogen producer, and that Seegen and Katschmen have demonstrated that no special ferment is necessary to convert glycogen into sugar, since albuminous substances themselves can cause it. With so many conflicting views of eminent physiologists, it is impossible to give a positive opinion as to the true source of the disease, but I incline to the view that it must be looked upon as a disease of innervation of one or more of the abdominal viscera, through the direct or reflex abnormal action of one or more of the nervous centres. It is curious to note, in this connection, that Cullen, in his nosology of 1785, classed diabetes with the neuroses.

Morbid Anatomy.—The morbid anatomy of diabetes mellitus contributes but little to the elucidation of its pathology. Emaciation is extreme. The skin often presents abrasions and sloughing sores. The muscles are dry and atrophied, and, when death has occurred suddenly, of a dull red color. But few constant lesions are present. The first organ which naturally attracts attention is the liver. When the diabetes is not complicated with independent disease of the organ, it is generally larger in size, darker in color, firm in consistence and of even contour. But these evidences of mal-nutrition are not always present. Out of sixty-four cases observed by Griesinger, in only three was there great enlargement of the liver and moderate increase in but ten. The enlargement, when it does occur, is probably due to a hypertrophy or increased formation of the liver cells. The kidneys are often hypertrophied, but this would naturally follow from the increased amount of work devolving upon them. Catarrh of the bladder commonly exists. The pancreas is frequently hypertrophied and in many cases atrophied. The testicles are small. Tuberculization of the lungs is often discovered. The heart is usually atrophic; the brain often shows gross or microscopic lesions. The sympathetic system in many instances gives evidences of pathological changes.

Symptomatogy.—The most important, indeed deciding, symptom in the diagnosis of diabetes mellitus is the impregnation of urine with grape sugar, the proportion of which constantly bears a direct ratio to the gravity of the disease. The detection of glucose in the urine has elicited the earnest attention of chemists for years, the difficulty being to find a test that would not be vitiated by the presence of other ingredients in the excretion. Before

the employment of chemical tests the sweet taste was relied upon for the detection of glycosuria. One of the oldest reliable tests for the determination of sugar is the yeast test, first used by Dobson in the latter half of the eighteenth century. It may be performed in this way: Put a little urine, mixed with a little yeast, into a test-tube; invert over a disk containing an additional quantity of urine, and let stand at a temperature of 80°. Fermentation will readily take place, and the carbonic acid generated will depress the urine in the tube. In order to prove that the gas does not arise from the decomposition of the yeast, experiment may be made with yeast and water in a similar manner. Dr. William Roberts (*Edinburgh Medical Journal*, *October*, 1861, p. 236) has adapted this test to the quantitave estimation of sugar. The successive steps are: (1) Four ounces of urine are placed in a twelve-ounce bottle with a small lump of German yeast. (2) This is loosely corked and placed in a warm room to ferment. (3) A companion vial, filled with urine from the same specimen, is tightly corked and placed beside the fermenting vial. (4) In about twenty-two hours, when fermentation has ceased, the two vials are removed and placed in some cooler part of the room. (5) Two hours after the contents of the vials are poured into cylindrical glasses and the density of each observed. The difference between the two densities is thus ascertained, and every degree of density lost indicates one grain per fluid ounce of sugar in the urine. Dr. Roberts, in a series of experiments, has compared this method with the ordinary volumetric method and found the discrepancies between them to be but slight—in fact, of no practical importance. As Pasteur has proven that acidity interferes with fermentation, while alkalinity favors it, I would suggest the addition of a few drops of potassic hydrate to hasten the process, since diabetic urine usually gives an acid reaction. I regard this method preferable to the usual way of estimating the quantity of sugar present by the amount of carbonic acid generated, because the experiments of Pasteur indicate that not only carbonic acid and alcohol, but amylic and butylic alcohol, as well as succinic acid and even glycerine, may be found during the fermentation of sugar. The presence of torulæ in saccharine urine is a sign referred to by some authors, but is of no diagnostic value, as they may occur in urine entirely free from glucose.

The tests most in use at present are those of Trommer and Fehling. The processes are so well known that is quite unneces-

sary to detail their performance. They both depend upon the precipitation of copper in the form of cuprous oxide from alkaline solutions of cupric sulphate. But grave objections to their accuracy exist. Should the urine contain only a small percentage of sugar and ammoniacal salts be present, no precipitate will take place, though, unless large quantities of these salts be present (when the blue color will remain) the menstruum will turn a brownish hue. Prolonged boiling, by dissipating the ammonia, however, may cause a precipitate to form. Then, again, the not uncommon presence of allantine, creatine, creatinine and uric acid will interfere with these tests, as they all have a more or less reducing power over copper. If the urine contain albumen, it must first be separated, otherwise no reduction will happen. When caustic potash is added to diabetic urine and heated, the mixture asssumes a brown tiht, gradually deepening into a reddish color, which becomes more intense the longer the heat is applied. This is known as Moore's test; its delicacy can be greatly enhanced by using a few drops of the concentrated solution of potash instead of the ordinary solution. The sources of error are: (1) If the liquor potassæ contain lead, it will unite with the sulphur of any albumen the urine may contain, producing a brown color. To guard against this, liquor potassæ should be kept in a bottle, the glass of which is free from lead, and now and then tested. (2) A slight change of color takes place when pus or albumen is mixed with potassic hydrate; the red, however, is not so deep as that given by sugar. (3) Certain acids — for example, melassic — may be set free by the action of the alkali, which, uniting with the glucose, gives a similar color. Though this test may not be positively certain, it has a negative value, in the fact that, if no discoloration appears, we can practically assume the absence of sugar. Trousseau and Dumontpelier state that diabetic urine will decolorize tincture of iodine in proportion to its density, and that no other conditions of the urine will have this effect. Many other tests have been suggested, but the few here enumerated will serve the purpose of the busy practitioner.

I regard the fermentation process the most reliable test we have for the determination of the presence of sugar. If in doubt, always supplant the result of any test by the application of this one. The only fallacy possible in the fermentative test is that it cannot distinguish between grape and cane sugar; but,

as the latter could only find its way into the urine by accident or deception, it sinks into insignificance.

Inosite is sometime found in the urine in conjunction with sugar. Its significance is unknown, but it probably comes from the glycogen of the liver, as puncture of the floor of the fourth ventricle sometimes leads to inosuria instead of glycosuria. Mosler (*Virchow's Archives*, *LVI.*, *p.* 44) relates a case of inosuria from softening of the medulla.

Diabetic urine is of a pale yellow color, and at times even colorless. Urine passed in the morning is generally of a higher color and contains less sugar than that excreted during the day. This is mainly owing to non-ingestion of blood during the night. Glycosuric urine froths easily.

The increased specific gravity of diabetic urine is one of the essential factors in its analysis, but that exceptions may occur the following cases will illustrate: Dr. S. Waterman, of New York (*Medical Record*, *December* 30, 1882), reports two cases in which the Trommer test, as modified by Pavy, indicated sugar, although the specific gravity of both these cases was but 1002.

The quantity of urine passed generally exceeds the normal amount, though cases are reported where the quantity passed was natural, and yet contained sugar, even in a large amount. This is the diabetes *decipiens* of P. Frank. It may be remarked that this condition has never been noticed throughout the disease. Dr. Golding Bird (*Medical Gazette*, *Nov.* 24, 1843, pp. 243–247) reports three cases in which the specific gravity did not exceed 1.024, nor was there more than three or four pints passed in twenty-four hours; yet an examination showed the urine to be loaded with sugar. There was also absence of excessive thirst. This condition lasted for several weeks in one, and several months in another, before the usual increased density of the urine and diuresis made their appearance. The earliest symptoms which render diabetics recognizable, if properly relegated, are those of *malaise*. The patient is disinclined to either physical or mental exertion, complains of prostration of nervous force, feels sensation of numbness over the anterior aspect of the thighs, aching pain in the loins caused by muscular contraction; loss of sexual power is one of the earliest symptoms. This latter symptom may arise from the fact that the renal and spermatic plexuses are intimately connected with the same portion of the spinal cord. The eyesight also soon becomes impaired. At this stage there

is usually but little thirst; the dryness of the skin is not observed, nor is the quantity of urine passed sufficient to excite attention, though it is generally straw-colored and transparent. The ordinary symptoms of gastric dyspepsia sometimes are found, though by no means invariably. The mouth has a clammy taste and the tongue is often furred. Now is the time that proper treatment, providing the cause is not irremediable, may result in success. But many of these symptoms are so identified with other diseased conditions that frequently acute observers often omit to examine the urine, the crucial test, and so fail at this most important period to recognize the disease.

Unless stayed in their progress, by therapeutic or dietetic measures, the above mentioned symptoms in the course of a few weeks or months, according to a variety of circumstances, increase in intensity. The debility becomes greater, the impairment of vision increases, and intractible insomnia distresses the patient beyond measure. Ingrafted on these symptons are those of a voracious appetite (polyphagia), inordinate thirst (polydypsia). The cause of this thirst was attributed by Bernard to an increased temperature of the liver, which unquestionably augments the intestinal absorption. But this hypothesis is untenable. It can be accounted for in a far simpler way. The intense endosmotic action of sugar soon dessicates the tissues. The loss of fluid through the kidneys thickens the blood, and, just as in profuse diaphoresis or the exhausting evacuations of cholera, nature seeks to restore the lost balance between the fluids and solids of the body by supplying the demand to make up the loss. The amount of fluids taken is in some cases enormous. Micturition is frequent and prodigal; the amount yielded is sometimes almost incredible. Dr. Bence Jones records an instance of a daily flow of seven gallons, while the case of Peter Frank reached the astonishing aggregate of fifty-two pounds per diem. Fever, except from temporary causes or symptomatic of intervening affections, is not observed. The temperature, except in cases complicated with intercurrent disease, is always below the *norme*, although it may become temporarily natural from some accidental cause—for instance, copious consumption of warm drinks. Its range varies from 1° to 5° Fah. Dickerson remarks an instance where the thermometer was as low as 93.2°; though so low a reading is only observed in patients who are *in extremis*. That which at first was but a disagreeable condition becomes

later on almost unbearable. The tongue is increased in width and thickness, and is sometimes clothed with tenacious mucous, white or brown in color, according to the stage of the disease, at others presenting a bright red, dry, glistening aspect, with the papilliae prominent. Pavy has called attention to the constant rolling tongue of diabetics, done with the apparent intention of lubricating it with what scanty moisture there may be in the mouth. The gums are often soft and bleeding, the teeth fall out and a buccal condition exists similar to that in mercurialism. M. Magitot, at a recent meeting of the French Academy of Medicine, stated that according to his observations alveolar periostitis exists throughout the entire history of the disease. The teeth at first deviating from the proper line of insertion, at a later stage fall out from alœolar absorption or gangrene of the gum. The antagonism existing between the functions of the skin and the kidneys is nowhere better illustrated than in diabetics. The skin becomes dry and harsh, giving a parchment-like sensation to the touch. This dryness seems to be directly proportional to the diuresis. The insensible perspiration is so reduced that, according to the experiments of Von Dursch, only ten ounces of water were exhaled instead of the normal quantity—fifty to one hundred ounces. As the disease advances the polyphagia becomes enormous; the constant pangs of hunger cannot be assuaged. It is one of the surest signs of the malady. Nature fortunately, in most cases, preserves the digestive organs in full vigor. The bowels are, as a rule, obstinately constipated, though exceptions occur, when an intestinal catarrh will alternate with constipation. In diabetes associated with pancreatic disease diarrhœa is the rule, the stools presenting a creamy or grassy appearance. Slight œdema of the extremities sometimes occurs, but unless caused by Bright's disease is of no especial significance, except in indicating the extreme debility of the patient. Brain lesions associated with diabetes are generally accompanied with convulsive movements. Pruritus vulvæ has been observed by West (*Diseases of Women, 2d edition*, 1861). Many French authors have noticed this symptom. Winckel has described three kinds of cutaneous affections of the female sexual organs: (1) Simple mycosis. (2) Boils. (3) Phlegmonous vulvitis of a simple form. Dr. Lambron reports a case accompanied with intense itching of the prepuce. I offer the explanation that it may have been due to particles of sugar

deposited on the part, through the evaporation of urine remaining there. Numerous complications occur in diabetes, the most common of which are—

First. Phthisis. Bouchardat was among the first to recognize the frequency of tubercles in the lungs of diabetics. He sums up his opinions, expressed in a paper written by him in the spring of 1847, in the following propositions: (1) The cause of the development of tubercles in the lungs of diabetics is a defect of nutrition and assimilation, which cannot be exactly known, and can only be remedied by establishing the balance between the ingesta and the excreta. (2) It likewise originates in the excessive, continuous and unrestrained losses of fluid that are essential to the economy. (3) When a patient becomes emaciated it is important to ascertain the cause thereof, that we may alter the conditions which give rise to the spontaneous evolution of tubercles. It may, in this connection, be observed that sugar has been detected in the expectoration of phthisis complicating diabetes. Dr. Francis, of Manchester, I believe, was the first to recognize its presence (*Medical Gazette, Feb.* 12, 1847, *p.* 643).

Second. Eczema, usually affecting the genitalia, though other portions of the body may be affected.

Third. Carbuncles, boils and gangrene are painful and troublesome complications. There seems to exist in diabetes a tendency to gangrene, supervening upon the slightest injury. A case of my own will serve as an illustration. A gentleman consulted me for a gangrenous condition of the foot, and though he presented none of the usual symptoms of diabetes, yet an analysis of his urine disclosed the presence of sugar in marked quantities. The post-mortem examination showed cirrhosis of the liver.

Fourth. Neuralgia. It is usually symmetrical, that is, occurring in both branches of the nerve, and more painful than neuralgia from ordinary causes, and less susceptible to treatment.

Fifth. Cataract. Dr. L. Weir Mitchell in January, 1860, published a pamphlet proving that cataract could be artificially induced by injecting sugar into the circulation. His experiment was afterward confirmed by Dr. B. W. Richardson, of England. Dr. McKenzie, of Glasgow, had, however, before alluded to the connection of some forms of cataract with diabetes. Other diseases of the eye depending upon the general mal-nutrition are met with, though of less frequent occurrence. Dr. Lecorché

(March 6, 1882, in a note to the French Academy) has called the attention of the profession to the frequent occurrence of endocarditis complicating diabetes. He considers its cause to be the irritating effect of the blood loaded with sugar. The mitral valves seem to be the parts usually attacked.

The duration of diabetes varies from a few weeks to several years, though the average course seems to run from six months to three years. From a few rare cases reported, the existence of an acute, as well as a chronic form of diabetes would appear possible. Dr. George Harley (*British Medical Journal*, Jan. 17, 1883) reports two cases, one of a boy who died three days after the discovery of sugar in his urine, having been sick but for a few weeks; the other, a young lady who died ten days after the detection of the disease. But a skeptical view of these cases is, I think, permissible, for there is no physiological reason why the disease *per se* should so suddenly prove fatal. It seems very probable that the glycosuria must have existed for an indefinite period prior to its discovery, and death was hastened by some rapid change in health, due to other causes. Occasionally a temporary mellituria will occur, which disappears on removal of the cause. No better name, in my opinion, can be suggested for this condition than irritative diabetes. I have now under observation the case of a gentleman who is suffering from overwork; the only symptoms at all indicative of diabetes is the presence of moderate quantities of sugar in the urine, but as soon as he diverts his mind from his business, hardly a trace of sugar can be detected. Permanent diabetes rarely, if ever, ends in complete recovery; a decrease in the amount of sugar, with consequent improvement of the concomitant symptoms, often raises hopes that are sooner or later blasted, as the mellituria surely returns with increased force. The lethal issue is generally preceded by intense debility, a quick, feeble pulse, irritability of the stomach, often amounting to emesis, and lethargy ending in that harbinger of death, coma, closes the scene. Death may occur from the enfeebled resisting power of the system to withstand the secondary affections complicating the disease. Kussmaul was the first to call attention to that mode of death in diabetics, called by him acetonæmia. His first paper appeared in the "Deutsches Archiv. für Klinische Medecin," August, 1874. The symptoms are oppression of the chest, rapid respiratory action, frequent compressible pulse; the patient soon lapsing into

a comatose state. The sweet halitus so noticeable in the breath of confirmed diabetics is not recognizable during the coma. If this peculiar odor be due to acetone, its sudden suppression may account for the symptoms. Prof. Sanders refers the shortness of breath and coma to carbonic acid poisoning, produced by fatty embolism of the pulmonary vessels, due to lipæmia or fatty condition of the blood. But, as Balthaszar Foster (*British Medical Journal, Jan.* 10, 1878) asserts that a creamy condition of the blood can be artificially produced by acetone, the lipæmic theory is open to reasonable doubt.

Frerichs recognizes three forms of diabetic coma: (1) Sudden death from syncope, collapse and paralysis of heart after exertion. (2) Coma ushered in by gastric or other local affection and accompanied by headache, delerium and dyspepsia. (3) Coma without dyspnœa, commencing with headache and vertigo, lapsing into a feeling of intoxication and vertigo. Such arbitrary divisions as these, however, are of very little, if any, practical service.

Treatment.—When Mr. Mathew Arnold complimented the medical profession on its accuracy, he certainly did not include the treatment of diabetes in his flattering commendation. Like all obstinate diseases, the theraputics of diabetes include many specifics. The management of diabetes should be both dietetic and medicinal. In 1796, Dr. Rollo, an English army surgeon, made the important discovery that animal diet not only reduces the quantity of urine passed, but diminishes the quantity of sugar eliminated. Since that time a nitrogenous dietary has become the most essential factor in the treatment of diabetes. As the use of bread, as usually prepared, must be entirely restricted, various endeavors have been made to provide a substitute free from its objection.

From the experiments of the famous French Gelatine Commission, respecting the nutritive properties of geletine, it occurred to Bouchardat that an aliment might be prepared from gluten as a substitute for bread. The following is his recipe: Forty parts of water and one hundred parts of fine flour are worked into a dough and laid aside in summer for half an hour, in winter for an hour, in order to permit the water to thoroughly mix with the flour. The dough is then placed on a fine metal seive, on which minute streams of water are playing from a vessel placed above, in the meanwhile being thoroughly kneaded

with the hands until the water flows off uncolored. The starch is contained in the washings, while the gluten—about one-fourth of the weight of the flour used—will remain on the seive, although the quantity varies with the quality of the flour. The gluten should be freshly prepared for each baking, as it deteriorates by keeping; this is the reason that the gluten of commerce is so unpalatable. In the preparation of gluten bread, the gluten is carefully kneaded for a long time with one-fifth of its weight of flour, with the proper proportion of salt and leaven, furnishing a very light, elastic bread without odor and agreeable to the taste. A very palatable dish may be made by combining freshly prepared gluten with butter and grated cheese. Dr. Pavy (*Gray's Hospital Report*, 1862, *p.* 293) proposes the use of almond bread, as being much more palatable than that made from gluten. Almonds contain six per cent. of sugar and three of gum. There is not a trace of starch, while the gum and sugar we easily separate by washing. The question here arises whether the strict enforcement of a nitrogenous diet may not prove injurious by forcing the disease to encroach upon the living tissues. We know that the Esquimaux live almost entirely upon a diet of fat and meat, and yet are a hardy race. Of course this is not a parallel instance, since habituation has probably rendered the system tolerative; still, experience proves that, with pepsin and pancreatine, a strictly animal diet is not only well borne but alleviates many of the symptoms that the most intelligent medication fails to relieve. The use of greens, broccoli and water cresses will assist the stomach in its toleration of animal food. Dr. Pavy, in his work on the nature and treatment of diabetes, gives an elaborate *mênu* of the dishes permissable in the disease. As glycerine cannot be changed into sugar within the body, but ultimately escapes as carbonic acid and water, its use may be suggested in those drinks requiring sweetening. Dr. Budd (*British Medical Journal, Novembor* 14, 1857, *p.* 943) proposed the administration of saccharine substances, on the theory that they would supply the waste incident to the disease. Piorry reports a case where the patient took, in addition to vegetable food, eight ounces of sugar candy and six ounces of honey daily with marked improvement in health and weight, the tongue becoming moist, the thirst lessened and the skin soft and natural. The urine, of course, exhibited the presence of sugar, though its specific gravity and quantity were diminished. Even Bouchardat,

in many of his successful cases, allowed sugar as it occurs in fruit, notwithstanding his predilection for a strictly animal diet.

Now, how are we to solve this apparent contradiction in the use of foods so diametrically opposite in their composition. I would offer the explanation that the improvement from the ingestion of saccharine principles is but temporary, and will eventually hasten the termination of the disease, as the history of the cases where this plan has been followed furnish sufficient evidence to warrant this opinion. The use of alcohol is in most cases beneficial, when used in moderate quantities, by retarding the waste of tissue and stimulating the digestive functions. Whiskey, brandy, good growths of the red astringent wines of Bordeaux and Bourgoyne, and dry sherry are to be preferred. All sweet wines and malt liquors are positively interdicted.

Medicinal treatment must be directed mainly to the removal of sugar from the urine, and, when the cause of the disease is ascertained, should not be limited to those remedies known to restrain the assimilation of sugar, but should include all drugs acting on the causative lesions.

Heading the list of diabetic medication stands opium. It not only controls the appetite, reduces the diuresis and lessens the thirst, but seems to diminish the quantity of sugar in the urine. Morphia and codeia are the only two of its alkaloids that seem to exercise any control over the elimination of sugar. Pavy extols especially the service of codeia, on account of its non-irritative properties. Opium or its alkaloids should not be prescribed uncombined, on account of their liability to derange the stomach, the integrity of whose functiou should be carefully preserved. Opium, when prescribed, should be given in large doses, as small doses, from their stimulating action, may aggravate. The alkaline carbonates are extremely beneficial in diabetes, but, as their effect is soon lost when given alone, it is well to combine them with opium. Dr. Cantani highly commends the use of lactic acid. He bases his treatment on the following theory: He believes, with Reyonoso, that the phenomena of diabetes are dependent not upon the increased production of sugar, but upon its defective combustion, proven, as he thinks, by the decreased number of respirations and the low temperature observed in diabetics. This defective combustion he considers dependent upon an abnormal form of glucose called para-glucose, which cannot be converted into lactic acid, and consequently

passes into the urine. From the sugar and starch of the food, this being changed into incombustible glucose, the body is forced to depend upon the fats and albuminates for its supply of animal heat, and from the destruction of the latter arises the excess of urea found in diabetic urine. Assuming the liver to be the chief organ at fault in the disease, he enforces a vigorous meat diet, and seeks to prevent the waste of fats and albuminates by supplying a combustible agent in sufficient quantity for the requirements of the body. For this purpose he selected lactic acid, giving from 77 to 154 grains daily in from eight to ten ounces of water. This treatment is said to be eminently successful. The skim milk so strongly advocated by Donkin owes, in my opinion, whatever virtue it possesses to the presence of lactic acid, for milk contains from three to six per cent. of lactin, which, through the catalytic action of casein, is soon transformed into lactic acid. Evacuants are of no service, except to meet the symptoms indicated. Bromide of potash will often allay the nervous symptoms which attend some cases. Phosphoric acid, in thirty-drop doses will often relieve the distressing thirst. Carbolic acid was first proposed as a remedy by Drs. N. Ebstein and Julius Muller (*Berliner Klin. Woch. for December*, 1873. They prescribed it on the theory that many cases of diabetes arise from an increase in the liver ferment, which transforms anyloid matter into sugar, and from the known power of carbolic acid to arrest fermentation they, *a priori*, thought it might be of service in diabetes. Griesinger and Vogel had previously used creosote, but carbolic acid, from its pleasanter odor and from the fact that it can be given in much larger doses, is to be preferred. On the same theory iodoform has been recently used. On the theory of defective oxidization being at the root of the disease, various oxidizing agents have been employed, and in many cases with excellent results. Of these the ammonio-citrate of iron is in most common use. The peroxide of hydrogen, in half-drachm doses of the ethereal solution mixed in an ounce of water, is highly commended. Mr. Wilmont (*Medical Times and Gazette for December* 12, 1868, *p.* 680) reports three cases where the administration of ozonic ether (peroxide of hydrogen) improved the symptoms in a marked degree. Dumonquez has advised the inhalation of oxygen, but its palliative effect soon passes off.

It will be recognized from the above brief epitome of treatment that but little reliance can be placed upon any single course of therapeutic procedure. If we are ever to be successful in treating this disease, it will be only through the appreciation of the fact that the causation of diabetes is multiple, and that *the* cause must be recognixed in each case before a rational treatment can be adopted.

EDITORIAL NOTES.

——The present number is largely taken up with the publication of the essay which received the McNaughton prize offered for competition to the alumni of the Albany Medical College. While the length is considerable for the space at our command, the interest of this valuable paper makes it worthy of entire reproduction. The size of the present issue is increased by the addition to the regular number of pages of a very full index to the third volume of our Society's Transactions, with the title page and preface, completing that work. The *chronological list* referred to in the preface may be found in an issue of a year or more ago, and will be included in all the volumes to be bound, following the biographical sketches.

——Dr. Henry Reed Haskins, of this city, died Saturday morning, March 31, at the age of 48.

He was born at New Bedford, Mass., but his parents soon after moved to Mechanicsville, N. Y., where his early life and associations were fixed. He took up the study of medicine in 1858 at the Albany Medical College, where he received his diploma in 1861. He entered upon practice in this city, where, excepting for a time that he was assistant surgeon of the 192d regiment, N. Y. V., during the war, he spent the rest of his life. He was soon made demonstrator of anatomy in the College, and in 1869 became professor of anatomy, a department in which he was very proficient. He left the college in 1876. He was for several years one of the surgeons to St. Peter's and the Albany Hospitals. He also held the offices of city and county physician and physician to the penitentiary, and filled several terms upon the board of supervisors, during one of which he was president of it.

It is readily appreciated that Dr. Haskins filled more than an ordinary place in the profession here. He was professionally well gifted as well as educated; he had the quality of leadership, he had the instinct of cheeriness, and he also had the disposition to philanthropy and benevolence.

His health has not been good for years; the immediate cause of his death was pneumonia. He was never married; two sisters and two brothers are his nearest surviving relatives.

——The following biographical sketch of Dr. Phillips, a member of this Society, whose death occurred in February last, is furnished by his friend, Dr. Theodore P. Bailey:

Dr. Carroll H. Phillips, of Watervliet, died suddenly, on the 14th of February, of malignant scarlatina, after an illness of but three days. Dr. Phillips was born at North Troy, Vermont. When a boy he removed with his parents to Watervliet Centre, where his home has since been. His early education was secured at the district school; later he attended Union College, at Schenectady. He entered the medical department of Union University in 1877, graduating with honor in 1880. Immediately after graduation he spent a year in Wisconsin assisting an uncle, who had been practicing in the West for many years. He then returned to his home, where he was rapidly gaining a large practice. Never of a strong constitution, his constant exposure during the past winter considerably reduced him. But, ever ready to respond to the calls of the suffering and ambitious to do a large business, he gave little heed to the premonitory symptoms of the fatal sickness, and continued his duties up to the very stage of eruption before discovering his disease.

Dr. Phillips became a member of the Albany County Society in May, 1882. At a special meeting of the Society, held February, 1883, suitable resolutions were passed, and the Secretary was directed to convey to the parents the sympathy of the Society in their sad bereavement.

——Dr. Augustus F. Lawyer, whose death recently occurred at Cobleskill, where he was an old and respected citizen, was for a short time, many years ago, a resident of this county and a member of this Society, having joined it in 1829. He was a son of the late Gen. Thomas Lawyer, and born at Schoharie Court House, July 28, 1807. He was educated at Hartwick Seminary and afterwards at West Point. He studied medicine with Dr

Henry Greene, at Esperance and Cobleskill, graduating at Fairfield Medical College. His residence here was short, and he soon removed to his native county of Schoharie and spent most of his life there, becoming eminent in the profession. From 1830 to 1848 he was assistant surgeon in the navy, serving under Commodores Perry and Conners. He was present, it is said, at several important battles of the Mexican war. He was never married.

——The microscopic examination of the public potable waters of the state of Connecticut receives a contribution from a non-resident member of this Society, Dr. W. J. Lewis, now of Hartford, a report of which, reprinted from the Connecticut State Board of Health Proceedings, is before us. Drinking water is receiving the attention it deserves from this and other states; and while it will be long before the chemists, microscopists and clinical observers will reach one conclusion, it is certain that there is no other way to it than by this practical study in detail conducted by public authority and patronage. Microscopic examination has been less followed up, and this study of Dr. Lewis upon the waters of a number of the larger towns and cities of Conneticut is a valuable contributiod to the general subject.

——Removals.—Dr. March will remove to 221 State street, south side, a few doors below his former residence; Dr. Balch has removed to 14 Washington avenue from his recent residence in Eagle street; Dr. Cook has removed four doors east of his former residence; Dr. M. J. Lewi has taken an office on the corner of Eagle and Lancaster streets.

We will make note of any other removals that may be sent us.

——Numbers Wanted.—Any one having Nos. 6 and 8 of Vol. II.—June and August, 1881—to spare will greatly favor us by sending them to 17 Washington avenue. Lack of them prevents desired completion of files.

THE

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ADENOMA AT THE VAULT OF THE PHARYNX AS A CAUSE OF DEAFNESS.

BY HERMAN BENDELL, M.D., ALBANY.

Following the thorough anatomical description by Luschka of the existence of glandular structure in the pharyngeal cavity, Dr. Meyer, of Copenhagen, by the publication of the results of clinical investigations of the subject of adenoid vegetations in the naso-pharyngeal cavity, first directed the attention of the profession to this disease as a cause of deafness. Since then Dr. Loewenberg, of Paris, Drs. Beverly Robinson and Bosworth, of New York city, and others, have contributed to the literature of this disease by the publication and discussion of several cases of adenoid growths in the vault of the pharynx. The subject is more fully detailed in the second edition of Dr. Solis Cohen's treatise on diseases of the throat. In this edition the author claims that since the attention of the profession was directed to this disease it has been ascertained to be of frequent occurrence in the United States and England. In recent publications on diseases of the ear and throat the occurrence of adenoid growths in the naso-pharynx, the causes that develop the same, the *modus operandi* of producing deafness, together with the prominent features and symptoms of the disease, are but briefly discussed. These facts, coupled with the meagre statistical information from such clinics where disease of this character is most likely to be

treated, will account for the little attention bestowed by aural surgeons to the importance of a more liberal contribution to the clinical history and treatment of this disease.

Experience teaches me that the disease is generally confined to the years of childhood, that it occurs in individuals entirely free from hereditary influences, and is not confined to any particular class of people, nor occurs more frequently in the male than in the female. The disease is generally marked by a naso-pharyngeal catarrh, impeded nasal respiration, breathing with the mouth open, a change of facial expression and a difficulty in the pronunciation of certain vocal sounds; the natural timbre of the voice is changed to a nasal twang, and, aside from a diminution of hearing and in some cases a slightly retracted drum membrane, there are no pronounced symptoms of aural disease. I have been unable, judging from the number of cases that have come under my observation, to infer that the disease is of congenital origin, but am inclined to the belief that not infrequently the condition of such infants who from their very birth appear to be subject to catarrh of the nasal passages, snuffles, breathing with the mouth open and to snoring, may be due to the existence of congenital growths in the naso-pharynx. I have been unable to trace the cause of this disease to any particular family proclivity. So far as could be ascertained from the family history of cases that have been in my care no tangible points could be obtained that would justify my belief in the theory of inherited proclivity.

Contributors to the literature of this disease differ as to the causes that give birth to these growths. Dr. Meyer, whose researches, as regards the etiology of this disease, have been most exhaustive, is of the opinion that the same causes which operate to produce a chronic catarrhal condition of the mucous membrane lining the naso-pharyngeal space also tend to the production of adenoid growths. Dr. Woakes, believing the disease to be of an hereditary nature, advances the theory that the cause may be traced "to enfeebled inhibitory power exercised by the vaso-motor centres over the particular tissue tract involved, leading to hypernutritional states of this region, and which condition of tendency to local vaso-motor paresis is undoubtedly transmitted from parents to their offspring." Dr. Loewenberg in his treatise is also of the opinion that the cause explaining the origin of this disease can be traced to family proclivities. His

theory is based upon the fact that the disease frequently appears in several members of the same family. Among the several cases that have come under my observation the prominent feature characterizing this disease is a catarrhal inflammation of the naso-pharyngeal mucous membrane, and the tendency of this catarrhal affection appears to be governed by the size and condition of these growths. An examination of the pharyngeal vault during a catarrhal inflammation, especially of a chronic nature, demonstrates a hypertrophic condition of the mucous membrane and glandular structure, and not unlikely the true explanation of the exciting cause that gives birth to these growths is due to a degeneration of the glandular tissues, resulting from long continued and neglected catarrhal disease, doubtless in a majority of cases resulting from local influences. These growths are usually located high up in the naso-pharynx, and from their location and size rarely encroach upon the pharyngeal orifice of the eustachian tube; hence the impaired hearing is not generally due to pressure upon the pharyngeal mouth of the tube. The mucous membrane of the pharyngeal cavity is by continuity associated with that of the eustachian tube and middle ear, and in the majority of cases the exciting cause of deafness in this disease is probably due to a chronic catarrhal condition of the pharyngeal cavity, aggravated by the existence of these growths and extending through the eustachian tube to the middle ears. In the cases reported this evening the tumors did not press upon the pharyngeal orifice of the eustachian tube, yet the acuteness of hearing was materially reduced. Under these circumstances the existence of these growths signifies a chronic catarrhal disease of the naso-pharynx, involving the eustachian tubes, interfering with the normal ventilation of the middle ear, and thus gives rise to a diminution of hearing not due to mechanical causes. Accepting statistical results of treatment, the prognosis in these cases is promising. Dr. Meyer states that in a large number of cases in which the growths had been thoroughly removed, and opportunity was given at various times from two to five years to again examine the patient, not a single relapse occurred. Out of one hundred and twelve cases which were properly treated the acuteness of hearing was thoroughly restored in forty-eight cases, in 29 cases it was improved, remained unchanged in three, became more impaired in three, and in twenty-nine cases no record of treatment as to the effect produced upon the hearing

was made. The duration of deafness in many of the cases benefited by treatment extended over a period ranging from three months to ten and more years. Dr. Meyer is also of the opinion that the tumors probably begin to develop in childhood, but are apt to remain stationary during youth, and if not interfered with are likely to shrivel and disappear during maturity. The unpleasant symptoms, especially the loss of hearing that generally accompany the disease, necessitates the removal of these growths and a proper course of treatment preventing the development of new ones. Among two thousand children of both sexes attending the public schools of Copenhagen, Dr. Meyer diagnosed, by the expression of countenance, defective pronunciation and peculiar nasal twang in speaking, one per cent. of this number in whom this disease was fully developed, and in every case he verified the diagnosis by a physical examination. Similar investigations made in England showed that out of seven hundred examined thirteen, or nearly two per cent., were affected with the disease. Notwithstanding the accurately published statistics, it is claimed by aural specialists, prominent in the profession, that this disease is not of so frequent occurrence as proven by the exhaustive researches of Drs. Meyer, Loewenberg and others. Dr. Lawrence Turnbull, of Philadelphia, who recently visited the principal clinics of Germany, France and England, states that on the list of patients treated at the university aural clinic at Vienna not a single case was recorded. So, also, at the popular clinic of Dr. Loewenberg, at Paris, not a single case could be shown. At the clinic for aural diseases connected with the Royal Infirmary at Edinburgh no case of this disease was under treatment. In London, at the Hospital for Diseases of the Throat and Chest, where thousands of cases are registered, and where more than one hundred of the most interesting cases were personally examined by Dr. Turnbull, there had been but one case of adenoid disease of the pharyngeal cavity. In giving his experience, Dr. Turnbull states that in his own clinics, at the Howard and Jefferson Hospitals from 1879 to 1880, not more than three well-defined cases of this peculiar form of disease have been treated. It is evident, judging from the statement of this eminent aurist that opportunities for observing true cases of adenoma of the naso-pharynx are very rare, but, knowing that an accurate diagnosis of these tumors necessitates examination by physical means requiring time and patience—that is, a thor-

ough exploration of the naso-pharyngeal cavity with the aid of the mirror, and also by the sense of touch, by introducing the finger—it is but reasonably fair to suppose that in many instances, owing to a want of proper examination, especially at policlinics where the daily attendance of patients is oftentimes so large as to necessitate a hurried and superficial examination, many cases of true adenoid disease of the naso-pharynx are possibly overlooked and treated as catarrhal inflammation with glandular hypertrophy. In order to obtain a good view of the lateral walls of the space above the palate and the fold covering the levator palati muscle, the eustachian orifice and the fossa of Rosenmüeller—and it is at these points in the vault of the pharynx that adenoid disease is most likely to develop—time, patience and dextrous manipulation are required, and this fact, coupled with the amount of professional labor to be accomplished within the specified time allotted to those in attendance at our dispensaries, and not infrequently the meagre facilities in the arrangements for the examination and treatment of special diseases at our hospitals and infirmaries, should oftentimes be accepted as a cause for the error in diagnosis, and not unlikely this condition of affairs will in many instances account for the supposition that true adenoid disease is not as frequent as it was supposed to be by those gentlemen whose researches have added valuable contributions to the science of otology.

Various methods of treatment and many differently shaped instruments have been recommended for the removal of these growths. If the opinion of those who have been successful in the treatment of this disease is accepted, it will be found that the operative plan is generally employed, and that in only few cases and in such where the tumors are small and not firm, the chemical means recommended for the treatment of this disease have been successful. The removal of these growths by the galvano-cautery has been practiced successfully by many eminent aural surgeons. Dr. Tauber, of Cincinnati, in order to more readily gain access to the habitations of these growths, recommends the cutting through of the soft palate. Where the growths are unusually large and firm in texture and cannot be thoroughly removed by surgical means, the galvano-cautery is probably the most serviceable for the permanent destruction of these tumors. I have successfully and generally do employ the Jarvis snare. This instrument, when made pliable, can be bent

at any angle required. With little experience the wire loop can be passed through the mouth into the pharyngeal space, and by the aid of the finger or mirror fixed over the tumor; fragments loosened by the snare are easily dislodged with the finger. Oftentimes more than one operation is required. Very little hemorrhage, which is easily controlled, results from this operation. The after treatment consists of thorough cauterization of the parts affected. This form of treatment is satisfactory, and generally there is no tendency to a recurrence of the disease. The following cases of adenoma at the vault of the pharynx, in which the loss of hearing was restored by the removal of the the growths, will aid us in the discussion of this subject:

J. S. L., Jr., 14 years old, of robust constitution. Family history revealed no hereditary taint or proclivity to disease. Parents both living and in perfect health. Applied for treatment on account of a dullness of hearing in both ears. Aside from a mild attack of scarlet fever at the age of six years, the boy has enjoyed good health; had not at any time prior to three months before presenting himself for treatment been subject to earache or noticeable deafness. During the summer preceding the time the patient was brought to me, and daily for a period of four weeks, he was in the habit of going into the water, as he states, to learn how to swim, oftentimes remaining in the bath for more than one hour at a time. It was during this period that he first experienced a difficulty in hearing distinctly on the right side, which, especially at night-time, was accompanied by a rumbling sound in the head. He also complained of an inability to pronounce certain words, was troubled with headaches and frequent attacks of bleeding from the nose. There was also loss of smell and taste and an inability to breathe with the mouth closed. Upon examination I found that the loss of hearing was equal to 4-48 on the right and 6-48 on the left side. The tuning fork when passed to and fro and up and down close to the ear was heard evenly on both sides, but when placed vibrating on the forehead or occiput was best heard on the right side. The drum membranes were slightly depressed. There was no discharge, the middle ear was easily inflated, and, aside from a congested and slightly swollen condition of the mucous membrane of the pharynx, there were no evidences of throat difficulty. My first impression of this case inclined me to believe that the condition of this patient was owing to a catarrhal inflammation of the

middle ears contracted during the time he was learning how to swim, but prolonged treatment without apparent change and increased impairment of hearing induced me to search more carefully for the cause of deafness. Owing to the unconquerable opposition of the patient I was unable upon my first examination to thoroughly explore the pharyngeal cavity by rhinoscopic examination. After succeeding in making a thorough examination, digital and with the mirror, I was convinced of the presence of nodular growths high up in the vault of the pharynx. This discovery satisfied me that treatment in this case would be fruitless unless these tumors were removed. The history of like cases failed to demonstrate that caustic treatment resulted in permanent relief, and that the essential point in the management of such cases was to remove the growths by operative procedure. This I accomplished by the aid of the Jarvis snare, as recommended by Dr. Bosworth of New York city, bent at an angle to suit my purpose. Fragments of the growths loosened by the snare were removed with the finger. The after treatment consisted in the application of a 20-gr. solution of nitrate of silver applied by means of a probe armed with absorbent cotton. There was but little hemorrhage, which was easily controlled. Microscopical examination of the fragments removed showed the glandular nature of the growth, liberally supplied with delicate and closely united tissue forming the stroma. The change produced by the removal of these growths was very encouraging; the catarrhal disease rapidly yielded to treatment, breathing with the mouth closed again became natural, hearing on both sides was restored to a normal degree of acuteness, and when last examined the boy could hear the watch tick a distance of sixty inches.

The second case which I desire to report is that of a young lady 17 years of age. The symptoms were not so pronounced as those reported in the first case, with the exception of periodical attacks of tinnitus. Her family history was good, she a well developed and robust person; had typhoid fever at the age of 12 years, was slightly deaf during convalescence, but regained acuteness of hearing as she improved in bodily strength. Her attention was first directed to a loss of hearing at a time she was suffering from tonsillitis due to a cold contracted in coasting down hill. At the time she applied for treatment her general health was good. Came to consult me on account of impaired

hearing, coupled with a huskiness of voice, particularly noticeable when she attempted to sing. Hearing was reduced so that the ticking of a watch could be heard at a distance of ten to twelve inches only. Examination of external and middle ear, aside from a haziness of the drum membranes, failed to reveal any symptoms of aural disease sufficiently pronounced to account for the loss of hearing. She complained of a feeling of dryness of the fauces, especially unpleasant upon arising in the morning. An examination of the pharyngeal cavity revealed several pedunculated growths high up on the posterior wall. Operative procedure for the removal of these growths was highly successful. The hearing was restored to a normal degree of acuteness, the voice again became clear and full, the tinnitus ceased, and recovery was complete. Microscopically examined the mass removed exhibited the same formation as in the preceding case.

These cases may justly be termed typical of adenoid vegetations in the vault of the pharynx. Others can be presented to demonstrate the frequent occurrence of this disease. The successful and permanent results obtained by the removal of these growths clearly indicates that the loss of hearing was due to the presence of these tumors, and at the same time the importance of careful examination of the naso-pharyngeal cavity in all cases of a catarrhal inflammation, especially of a chronic character, is forcibly suggested.

WHAT SHALL WE DO WITH THE INEBRIATE?

BY T. D. CROTHERS, M.D., HARTFORD, CONN.,
Superintendent of Walnut Lodge.

This question is answered by clergymen from the theory that inebriety is only the expression of a heart deceitful and desperately wicked, the remedy for which is change of life and conversion. Temperance enthusiasts and reformers call it a willful weakness of will power, to be cured by societies and pledges. Public sentiment endorses such views, and accepts the statement of the inebriate about this malady as authoritative.

Notwithstanding the relations of inebriety to public health and sanitary science, of insanity, idiocy, pauperism, criminality and disease generally, which are found to depend on inebriety as

the most potent cause, only moralists and reformers occupy this field and explain every thing, and point out the remedy. All mystery and security are promptly solved by teachings of inspiration. As insanity and witchcraft were the work of the devil, so inebriety is the same influence. The greater the mystery the clearer the explanation of vice and sin. There is everywhere a spirit of agitation, a restless casting about for some means to check and prevent inebriety. In this, public sentiment is a quarter of a century ahead of the medical profession. The medical profession consent by silence to the growth and development of theories based on the superstition of the dark ages. To call inebriety a vice, simply because its early stages are unknown, and attempt to prevent it on this basis, is to practically ignore all teachings of philosophy and science. This theory of vice, and the arguments in its defense, will form one of the most curious chapters in the history of psychological literature in the future. The tenacity which sustains old superstitions, long after they have been passed by the march of science, is equally curious and strange.

Inebriety is a physical disease and its problems are physiological and psychological. Many of its causes are clearly traceable; others are obscure. In many cases heredity, physical traumatism, strain and drain of all forms and every condition of bad surrounding and neglect are prominent causes.

Inebriety, like insanity, has a well-marked "border-land stage," in which health and disease, sanity and insanity meet and blend. In some cases it may last a long life-time, and the patient be alternately temperate and intemperate. In others it is of short duration, the penumbra rapidly merging into the umbra. The great outer circle, where the shadows of disease first appear, is soon followed by the positive darkness of organized lesion. Alternations, halts and periods of apparent health are seized as arguments to prove the absence of disease and the presence of vice-impulse which might be controlled by the will. The periods of perfect sanity in the insane; the seasons in which the hysteric and epileptic seem in good health; the moments of apparent health in consumption, rheumatism, and many other well defined diseases, will furnish the same arguments and the same conclusions.

The inebriate who drinks to great excess to-day, under circumstances of slight temptation and in opposition to many contrary

influences, and to-morrow abstains in conditions of great temptation and adverse surroundings, is no more an anomaly or contradiction than the man who is perfectly sane on all questions but one. This strange confusion of strength and weakness, of mental symptoms that illustrate the best and worst elements of human nature, clears up when seen from the standpoint of science. The student who studies the clinical histories is amazed at the regular order and uniform progress from cause to effect. Every case begins in some change, inherited or acquired, in both the function and the structure of the organism. Its march is progressive and clearly in obedience to physical laws and forces practically unknown.

Like insanity, many cases of inebriety are not understood, because they are not studied, and the knowledge of the subject is yet limited. Having established the presence of a distinct phyical causation in some cases of inebriety, it is clear to infer that it exists in other cases that are not understood.

In the grouping of the history of a large number of cases, it will be found that they follow a uniform line of march. Beginning in some definite way from causes known or unknown, they follow a certain order of progression. Given a certain number of inebriates, and the progress and termination of the disease may be predicted with certainty. In certain surrounding and physical conditions inebriety will positively break out. Certain material and physical influences will antagonize this disorder. No mental or moral training will prevent the outbreak of inebriety in favorable physical conditions for its development. No mental or moral treatment can check it when once established.

Inebriety is a physical condition to be met on the plane of physical laws and forces. Alcohol is only one of many causes, and in most cases it is merely an exciting cause, exploding a state of degeneration which has been growing up out of the past. Inebriety, viewed from the standpoint of science, will be found under the control of laws clear and unmistakable. The presence of so vast an army of inebriates is not a matter of chance or moral lapse, no more than cholera or yellow fever is a direct visitation of God for sin. Inebriety is simply the expression of a diseased and degenerate organism, growing out of many and complex conditions in the past. Take any case and study the biography, heredity, the many circumstances, external and internal, and all the tides of joy and sorrow, success and

defeat, depression and exaltation, from both physical and mental conditions, which enter into every-day life, and inebriety as a disease and as a result of these conditions will be found a fact beyond all question.

The problems of the nature and cure of inebriety can only be solved from a study of these conditions and the laws which govern them. It can be cured and prevented as easily as any other disease by the use of means along the lines of its natural history.

Like an unknown continent inebriety cannot be known except from actual observation and clinical study. This is the great field of preventive medicine for the future. A knowledge of the laws and forces which govern inebriety will point out the means to avert insanity, idiocy, pauperism and criminality.

It is conceded by all that one of the most prominent causes of insanity is inebriety. The study and treatment from a rational point of view is clearly a means for the prevention of insanity. To call it a vice, and all efforts to study it scientifically sickly sentimentalism, is to practically ignore one of the most active factors in psychicatry.

The question is not one of theory, but one of observed fact. Inebriety, as a disease, does not depend upon the statements of experts, but can be tested by every physician who will carefully gather all the facts and their bearing in a case of inebriety.

The subject is growing in interest and importance, and has been carried into the field of religion and politics. Theories that have no support from observed facts form the basis of the most absurd means and measures, and are repeated with an intensity and dogmatism that carries conviction to many minds. Every advance of science is a protest against the dogma of vice and the spiritual methods of cure. Inebriety is a medical and scientific subject, and must be lifted out of the "squatter sovereignty" of moralists and non-experts and organized into a state of law and order where the truths of nature shall be recognized, and the methods of prevention and cure can be applied along these lines. The time has come for the facts and the laws which govern inebriety above the dogmas of moralists. The subject is one for science to determine, and physicians should educate the public what it is and how to reach it.

The answer to this question, "What shall we do?" can only come from a thorough investigation of this subject from the standpoint of science. Such a study must ignore all theories

and seek the truth from carefully observed facts. No field of science demands exploration more imperatively than this. Insanity, criminality and other great evils sink into insignificance compared with it, for inebriety is more widely extended, and touches the hearts and homes of all ranks and conditions of life.

SELECTIONS FROM JOURNALS.

A MIXTURE of carbolic acid and chloride of lime, under the name of tri-chlorinated phenol, is described by Dianin in the *St. Pet. Med. Woch.* He claims that it is twenty-five times more powerful as a disinfectant than carbolic acid, that in minute proportions it prevents fermentation, that it is a more powerful antiseptic than any other now in use, that it destroys all noxious vapors effectively, while its own odor may be masked by oil of lavender; that while in substance slightly irritating, in solution it is not at all so; that it is of great advantage in the treatment of chancres and diphtheria.—*Chicago Medical Review.*

THE effect of iodoform upon tubercle bacilli Frânkel found (*Berlin. Klin. Woch.*), as a result of experiments on tuberculous ulcers of the larynx to be, freely applied, not to destroy the bacilli, although it acted favorably on the progress of the ulcerative process itself.—*Philadelphia Times.*

SEVERAL suggestions are made by Prof. Hamilton, of Aberdeen (*British Medical Journal*), on sponge grafting. The procedure of filling the gap due to loss of tissue with a thick slice of sponge has several objections, the chief being that it becomes soaked with pus and prevents drainage. It has been found necessary to cut off the superficial parts, leaving only that which has become infiltrated with organizing tissue. It is better to adjust the sponge in layers one-eighth of an inch thick. They should be cut in large slices with a regular surface, best cut in a large freezing microtome. The first layer, adjusted to all irregularities, becomes organized in a few days, when a second can be laid on, and so on. Another precaution is to see that the edge of the sponge does not come in contact with the pellicle of young epidermis at the side, in granulating wounds, or the latter will undermine and displace it. An interval of one-eighth of an inch should be left. When first applied, firm and equal pressure should be made, but after granulation begins the interstices will fill up quicker if the granulating part has free play. A certain amount of vascular turgescence is what is really required.

The bromide salts act, by virtue of their bromine, as moderators of the reflex centres. Bromide of sodium has this action simply. Bromide of potassium has further a depressing action on the muscular system; it is thus a neuro-muscular agent. Bromide of ammonium is, in virtue of its ammonia, a diffusible excitant, influencing the circulation and affecting the blood pressure.—*Am. Prac., from Le Progres Medicale.*

Cremation and the growth of public sentiment in its favor is the subject of an editorial in the *Philadelphia Medical Times.* It is believed evident that a great change is taking place in public opinion in Europe, as well as this country, regarding it, burning the dead being no longer regarded as being so revolting or unnatural; and it even appears in the public papers as an item of news unworthy of special comment. It was unanimously advocated by the late meeting of the Congress of Hygiene at Geneva and governments called upon to remove legal restrictions, which in both England and France exist, although cremation societies, supported by prominent men, exist in both countries, and their efforts in this direction promise success. As its advocates get stronger opposition appears to be dying out. It is beginning to be understood that the two processes of disposal of the dead differ essentially only in time, the process of oxidization being accomplished by the one in a few hours, the other requiring a century. The objections have been principally sentimental, the strongest real argument being that it destroys evidence of crime in cases necessarily extremely rare where exhumation might otherwise be resorted to, and which might be met by requiring in some or all cases that bodies be kept several months prior to cremation. Our crowded suburban cemeteries are a constant menace to the public health, by poisoning the air and water, and act as centres for the spread of contagious disease. A cremation society and a crematory furnace, it is believed, might be formed and sustained in the present state of public sentiment in Philadelphia. It is suggested that body-snatching need be no longer dreaded, an argument that would find much weight in the popular mind of certain localities.

Ligation of the innominate by Mr. Mitchell Banks was done February 28th at the Liverpool Infirmary (*London Lancet*) for aneurism of the second portion of the subclavian. The common carotid was also tied. Mr. Girdlestone's kangaroo tendons were used, with strict antiseptic precautions. The patient has improved rapidly, and has left the infirmary with his aneurism much better. This is the twenty-third case in which the innominate has been ligated; twenty-one proved fatal.—*Louisville Medical News.*

Senator, on albuminuria, says it requires attention, not as a loss to the system, being easily replaced, but attention to it gives the best control of the patient; its excretion, beside, may be irritating to the kidney. The medical treatment has not been successful; hygiene and diet, then, need more attention. Small quantities of food often is better than large meals, for the exretion of albumen increases during digestion. Albumen injected into the circulation increases its excretion; the inference is that food rich in it should be restricted. Besides, meat, increasing the urea and like final products, increases the risk of uræmia. While meats and fish are to be chosen, vegetables, except the leguminose, and fats constitute the most important food for these patients. Alcoholics are proven to irritate the kidneys, but light wines may be given. Spices and smoked meats are bad. Milk is of great value, but alone is not enough; bread and so on have to be added. The alkalies are irritants to the kidneys, but they improve nutrition, probably by influencing digestion and the condition of the blood. Attention to the skin is very important, and it should be kept in constant free action. The patient should be kept in bed, to keep up the action of the skin and to lessen the waste from muscular action.—*Am. Prac.*

Odor of Iodoform Disguised.—C. Shirk, in the *Berliner Klin. Woch.*, gives the following compound, which he recommends on the ground that the odor of iodoform is carefully covered, and is not again developed even at an elevated temperature: ℞ Iodoform, grms. 10; carbolic acid, grms, .05; oil of peppermint, gtts. 2. Mix the iodoform and acid by trituration and then add the peppermint oil.—*St. Louis Druggist.*

Duration of isolation of zymotic diseases among school children was reported on to the minister of public instruction of France, as follows, by M. Hillairet: Small-pox, measels, scarlatina and diphtheria require children to be kept separated from others for forty days, varicella and mumps twenty-five days. The same extent of isolation should be required for all cases, whether light or severe.—*Phila. Med. Times.*

Pop-corn has been introduced to the materia medica by Dr. F. C. Wallace (*Medical and Surgical Reporter*) as a remedy for the vomiting of pregnancy. It is to be prepared in the usual way in a wire popper and sprinkled lightly with salt, and is to be eaten freely. He speaks from an experience of several cases in which it served a good purpose, and reports one in which accepted remedies had previously failed. Dr. E. J. Kemf, in the *Louisville Medical News*, speaking favorably of personal experience with it, says that Dr. F. A. Burrall called attention to it three years ago.

The Medical Annals:

A Journal of the Medical Society of the County of Albany.

EDITORIAL COMMITTEE:

F. C. Curtis, M.D., Lorenzo Hale, M.D.,
A. Van Derveer, M.D., Jno. Ben. Stonehouse, M.D.,
Willis G. Tucker, M.D.

Vol. IV. MAY, 1883. No. 5.

——The city water supply question has again come to the front. In New York the Croton has also come up for discussion, and the medical press has taken a hand in it. There, as here in Albany, the immediate question is not one of healthfulness, but one of sufficiency of supply. But salubrity is not far from plentifulness when we reach the question of water. Just how much constitutes exact sufficiency for each individual for personal use is not apparently so difficult to estimate, and this amount in generous quantity neither this city nor New York would find it difficult now to furnish. Taking the need of each adult person for body supply at half an ounce for each pound of weight daily, we find half a gallon a good average. On board ship there is opportunity to form close estimates of the amount required, and we are told that on a man-of-war the minimum allotment daily for each man is one gallon. It is said that the supply of the city of Munich, whose reputation for salubrity is not enviable, has been lower than this. A recent contributor to the *North American Review* on this subject says that the first of modern cities to provide a general distributed supply, Dublin, in the 13th century, prohibited the use of pipes to dwellings larger than a goose quill, and that exact measurements show that workingmen's families in London consume four and a half gallons per capita if taken from street hydrants, but from five to fifteen gallons if there are separate taps in each house. In hot spells there is an increase of twenty per cent, while in time of frost the excess, from waste, is thirty to forty per cent.

Our water carriage system of removing refuse and excrementitious matter, by drains, from our houses brings in an addi-

tional use. When we add the employment of water for factories and for extinguishing fires, we realize the immense part this element plays in our existence. It would seem, however, that the computation of from fifteen to thirty gallons for each person in a household or community would be ample, even where manufacturing use is extensive. On something like such an estimate the apparatus for water supply has been based in years past. It appears, however, from statements of water commissioners that the use or waste of water has increased to that degree that more than treble the larger quantity is daily taken, and the enormous quantity of nearly one hundred gallons has to be provided both in Albany and New York. Clearly it cannot be otherwise than that at least half this quantity is wasted. The problem appears, then, how to save this waste, and this they confess themselves unable to solve. And probably it will continue insoluble. The improvident class will let it run away at full head without a compunction, and it is almost universal to save plumbers' bills by letting the water run to prevent freezing. The latter, in moderation, is justifiable, to forestall the much maligned plumber; for the former some redress ought by some means to be devised, if for nothing less than a moral effect on the wasters. That the waste is in dwellings and is enormous is perceptible from the fact, noted by the writer alluded to, that all the largest consumers united—the fire department, factories, steam engines, railroads and hotels — do not consume, in New York, four per cent. of the total supply. A considerable amount of it is from defective faucets and urinals, and this some plan, such as a tax levy, ought to be devised to remedy.

Sanitarians will always protest against a meter system in connection with dwellings. Water is too precious in its possibilities for good in a community to limit its lavish use. It should be as free as fresh air, as abundant and as much insisted on. We really know nothing at this stage of civilization of the evil effects of scanty water in the large cities, and cannot appreciate how much life is lengthened in the community, on a whole, by the abundance of this luxury come to be a necessity. The plague and other great mediæval epidemics were without doubt largely promoted by the filthy habits of the people. Sickness that would follow its penurious employment would vastly more than balance the cost of doubling the supply for waste. Water in abundance is the only thing that makes modern urban life possible.

Whatever may be said against the Hudson river water supply to this city—and there are those who have condemned it utterly, although clinical observation does not yet appear to warrant this entirely—still it has the immense advantage of being a limitless supply. If it is to be used, let its abundance be availed of by pumping machines and large mains. It has been declared that there is no other available source, but we would suggest, as we have done before, that taking it from some point higher up, and not directly opposite the city, would have rid it of much that is objectionable. Meantime, while our water is being investigated, let it be seen if some other outlet for sewage cannot be fonnd than the stream flowing into the Tivoli reservoir, for surely the river is preferable to that — it is nauseating to think of. This and the modifying, if possible, the needless prodigality, and withal the making sure of a certain abundance, seem to be the questions up for settlement. It is probably too late to think of another source.

——The new city charter contains little of special interest to the medical profession. Title 14, relating to the city physician, very cursorily defines his duties and privileges. The duties are limited to attendance upon the sick at the Alms House, which he is required to visit daily, instead of at discretion as under the old city laws. Nothing is said of duties required by the board of health, formerly the most arduous part of the work when an epidemic of small-pox prevailed. There is for the first time a formal recognition of the office of resident physician to the Alms House, and his appointment is given to the city physician. The salary remains at twelve hundred dollars per annum. The office is, as defined, practically a sinecure, the duties being no other than those performed gratuitously by the visiting physicians to the various eleemosynary institutions of the city.

The number of district physicians is fixed at six, and they are now very properly required to be residents of the districts to which they are appointed. This office is far from being a sinecure if its duties are conscientiously performed.

——Dr. Spencer Wells invented a term for the anti-vivisectionists, in his Hunterian oration, that will establish his reputation in a new direction; he denominated them "misanthropic zoöphilists."

BOOK NOTICES.

THE DISEASES OF WOMEN; THEIR PATHOLOGY, DIAGNOSIS AND TREATMENT, INCLUDING THE DIAGNOSIS OF PREGNANCY. By Graily Hewitt, M.D., London, F.R.C.P. Fourth American, from the last revised and enlarged London edition. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut street. 1882.

From the pen of an author so well known in Europe and America as Dr. Graily Hewitt one naturally expects a work of unusual merit, and the book now before the profession by this eminent specialist amply fulfils this expectation. The calm philosophic spirit which pervades the chapters of the book invites something more than a superficial reading, and renders the work a valuable addition to the numerous text-books now before the profession.

The first chapter contains an analysis of 1,205 cases of diseases of women treated at the University College Hospital and also an exposition of the author's "mechanical" system of uterine pathology.

After a brief allusion to the labors of Bennet and Scanzoni in the field of uterine pathology, the author states that "facts incontrovertibly appear to show that instead of beginning with a description of inflammation of the uterus as the starting point in uterine pathology we have to begin with certain alterations of the uterus, which very commonly, nay, almost constantly, cause this inflammation, viz., those alterations in the form of the uterus which are now spoken of as flexions. The whole truth is not expressed by the foregoing statement, but the views I shall proceed to develop more at length may be concisely stated as follows:

"(*a*) Patients suffering from symptoms of uterine inflammation (or more properly from symptoms referable to the uterus) are almost universally found to be affected with flexion or alteration in the shape of the uterus of easily recognized character, but varying in degree.

"(*b*) The change in the form and shape of the uterus is frequently brought about in consequence of the tissues of the uterus being previously in a state of unusual softness, or what may be often designated as chronic inflammation.

"(c) The flexion once produced is not only liable to perpetuate itself, so to speak, but continues to act incessantly as the cause of the chronic inflammation present"

The importance which Dr. Hewitt attaches to displacements of the uterus may readily be inferred from these quotations, and in many chapters of the book he has ample opportunity to show the application of his theory. Views on the subject of uterine pathology differing so essentially from those which for a long time had received the support of the profession naturally elicited much criticism, although as far back as 1854 M. Velpeau strongly advocated the primary importance of displacements. In this country the importance of flexions and versions was skillfully maintained by the late Prof. Hugh L. Hodge, of Philadelphia. There is still considerable doubt in the minds of many specialists regarding this subject, and its discussion has elicited great warmth. While some still hold to the theory long defended by Bennet, others, and among them Dr. David Berry Hart, seem to think "that the question may fairly be started if it is probable that there will be discovered any special system of uterine pathology. In fact, this writer states that he "would class Dr. Hewitt's most praiseworthy attempt to found a system of uterine pathology based on flexions and versions rather with the ancient searchers after the philosopher's stone or perpetual motion than with the great generalizations of the conservation of energy or the germ theory."

Chapters V. and VI. treat of the examination and diagnosis of tumors felt through the vaginal walls on digital examination and also of the examination of the abdomen and diagnosis of abdominal tumors. These subjects are treated with rare skill and thoroughness. In chapter VII. the diagnosis of pregnancy is considered in a clear and searching manner. Chapters VIII., IX., X. and XI. treat of the flexions and versions of the uterus. In one of these chapters we find arranged in a tabular form the details of 296 cases of flexions and versions of the uterus observed at the University College Hospital.

In the treatment of flexions of the uterus Dr. Hewitt does not trust alone to the use of the ring or "cradle" pessary, but insists also upon the introduction of the sound "once in two or three days, perhaps at intervals of a week." The author briefly refers to the stem pessary. The incision (moderate however) of the cervix for the cure of dysmenorrhœa is advised for a certain

class of cases. The "cradle" pessary is described. The excellent pessaries of Dr. Thomas are not described.

Chapter XVII. contains an interesting description of the nervous disorders referable to the uterus.

All the chapters of the book bear the impress of one thoroughly conversant with the literature of the profession, and also exhibit the results of an extensive clinical experience.

J. P. B.

THE SYSTEMATIC TREATMENT OF NERVE PROSTRATION AND HYSTERIA. By W. S. Playfair, M.D., F.R.C.P., Professor of Obstetric Medicine in King's College; Physician for the Diseases of Women and Children to King's College Hospital; Late President of the Obstetrical Society of London. Philadelphia: Published by Henry C. Lea's Son & Co. 1883. $1.00.

This is a little volume, of over a hundred pages, devoted to the treatment of a class of cases very frequently met with by the practitioner and seldom easy of cure. It is simply a collected series of articles as written and published by their distinguished author, in the *London Lancet*, at various times during the past year. The treatment as advocated is not particularly new, especially when the author makes the statement that he first became acquainted with it "through the study of a remarkable and interesting little work by Dr. Weir Mitchell, of Philadelphia, entitled "Fat and Blood, and How to Make Them." Indeed, he claims that he makes no original contribution to medical science by publishing his work, for he has simply followed the directions as suggested by Dr. Mitchell; but the results of this form of treatment have been so "astonishing" and "satisfactory" in cases which were quite heart-breaking from their obstinate resistance to all ordinary management that he is confident of doing the profession a service if he can secure for Dr. Mitchell's plan, which is based on sound theory and accurate clinical observation, a more extended trial than it has yet received. He does not consider it within his province to defend the claims of Dr. Mitchell to originality in the introduction of this system of treatment, for, as he remarks in his introductory chapter, "doubtless Dr. Mitchell is thoroughly well able to do so himself." Further, he says, "I feel bound, however, to say that, having carefully studied what has been written on the subject, I can nowhere find any thing in the least approaching to the regular, systematic and thorough attack on the disease here discussed."

The treatment, which is so appropriate for the class of cases under consideration, involves as a plan four principal heads, each of which the author deals with separately. They are precisely the same as those cited in Dr. Mitchell's book, in which volume, also, full details for their guidance will be found. They are, 1st, Seclusion and Rest; 2d, Massage; 3d, Electricity; 4th, Diet and Regimen.

There is also to be found an appendix to this work, giving a full description of the method of performing the massage, as written for him expressly by one of his trained "rubbers." In a second appendix he briefly refers to the management of "a very difficult class of cases, in which the patient, although a poor feeder, is unhealthily fat," etc. While in a third is to be noticed an excellent receipt, as taken from Dr. Mitchell's book, for making raw beef soup.

Beside these appendices, the author cites in full many interesting and trying cases as treated by him after this systematic method, with results almost marvellous.

Altogether, we take pleasure in recommending this little volume to the profession as being replete with sound and practical hints. F. T., JR.

HAND-BOOK OF HOMŒOPATHIC PRACTICE. By G. M. Ockford, M.D. Published by Duncan Brothers, Chicago. 434 pp. 1882.

The author is a member of the American Institute of Homœopathy, of Vermont Homœopathic Medical Society, etc. etc. The book has homœpathic characteristics, giving principally treatment, some symptomatology and a minimum of etiology, pathology, diagnosis and prognosis. A tendency to low potency might be inferred from advice on p. 302, viz.: 20 grains hyposulphite soda dissolved in 8 ounces of water and a dessert spoonful given every two to four hours; or, on p. 333, "one drop of tincture of camphor every five minutes;" or where, on p. 378, for acue, is ordered "sulphur, one drachm; adeps, one ounce." The title "Swelled Face," on p. 398, reminds one of a "domestic" practice.

While works of greater scope are desirable for both student and practitioner, yet, as physicians now-a-days cannot afford to be without some knowledge of homœopathy, it is possible that this hand-book fills a "long felt want." L. H.

Diseases of the Liver. By George Harley, M.D., F.R.S. Published by P. Blakiston, Son & Co., Philadelphia. 750 pp. Price in cloth, $5.00. For sale at E. H. Bender's.

It is satisfactory to find an original book, and novelty will offset many shortcomings. In this book there is much in plan and material that is new. The last thing has not yet been written on the subject of this important organ. There is no more attractive field in physiology than the liver affords. It bears in so many directions, it has such a remarkable class of functions, that the significance of all its work, constructive and excretory, will be learned only by gradual approaches, by passing from fact to fact. Its status in pathology, then, will assume as much room for doubt and study; for, if we do not know the organ healthy, how can we know it diseased?

The author bases his book on physiological chemistry, and he sticks very closely to this proposition throughout. He makes this the key to diagnosis and treatment, bringing it thus into practical application. Preliminary to considering the diseases of the liver, he devotes a long chapter to its chemistry and physiology, in which he ascribes four functions—a sugar manufacturing, a fat modifying, a carlorifyng and a bile forming function, discussing each in detail. He thinks the bile to be neither manufactured by the liver nor to exist pre-formed in the blood, but partly both. A former monograph on jaundice, of which this volume is in a degree an outcome, finds a place here. A chapter that will be read with interest is that on signs and symptoms of hepatic disease. In the chapter devoted to hepatic remedies, the author shows himself not to be a nihilist nor a believer in the expectant plan. As to mercury he holds that it has no power to stimulate the normal liver to secrete bile, but in some cases where its secretion is arrested it has an indirect effect in restoring the secretion — that it stimulates excretion, but not secretion. Biliousness, to which a chapter is given, is regarded as arising from three pathological states — acute, from hypersecretion of bile; subacute, from the opposite condition, and chronic, from imperfect secretion as to quantity and quality. The profession shun that word, but nevertheless regard it always with furtive interest. About a hundred pages are given to biliary concretions. The prevention of these he embodies in one sentence: "Avoid excess of fat forming food, especially sugar and starch; alkalies, preferably carbonate of soda, will prevent them and even diminish

their size." The chemistry of the excretions fills some of the most valuable pages of the book. The consideration of recognized diseases of the liver fill other space, to which reference cannot here be made. The book is reprinted in this country simultaneously with a London edition. As the latest work on this most interesting organ, and as undoubtedly to be accepted as authoritative, it will find its way to the hands of the profession largely. It is very creditably gotten up, and is illustrated by colored plates and wood engravings. F. C. C.

On Slight Ailments; their Nature and Treatment. By Lionel S. Beale, M.B., F.R.S. Seoond edition, enlarged and illustrated. Published by P. Blakiston, Son & Co. Cloth, $1.25; paper, 75 cents. For sale at Bender's.

This volume is written by the well-known author of the works on the microscope. Its title suggests readily its scope, and furnishes abundant opportunity to compile the result of close observation. Affections of the digestive organs naturally come up first for consideration — the tongue and its indications, appetite, nausea, indigestion, constipation, biliousness and the like furnish themes that suggest a vast number of elusive conditions to the physician and constitute as large a part of his practice as the grave ailments, and on whose treatment he will eagerly read what a thoughtful writer may present in a practical way. There is not the amount of original contribution to knowledge given here that one would look for, but still a good deal in valuable suggestions may be found to pay for its perusal. Neuralgia and rheumatic pains, the feverish state and common forms of slight inflammation fill up a book of nearly 300 pages, and we are disposed to heartily recommend it, after a perusal, as one that will well repay the cost and time of its possession and reading. F. C. C.

MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Abstract of the Minutes of the Regular Stated Meeting of December 20, 1882.

A regular meeting of the Medical Society of the County of Albany was held December 20, 1882, in Alumni Hall, Albany Medical College.

Dr. N. L. Snow, President, in the chair.

The President read a letter of resignation from Dr. J. D. Featherston haugh as member of the editing committee of the Medical Annals. In

his place, at the suggestion of Dr. Curtis and his colleagues, of THE ANNALS, Dr. Willis G. Tucker was appointed to the vacancy.

Dr. J. W. MOORE, of Cohoes, read a paper on "Syphilitic Sore Throat."

Dr. VAN DERVEER inquired of Dr. Moore if he had ever observed the peculiar sickening odor which came from syphilitic ulcer of the pharynx and tonsils.

Dr. MOORE answered that he had noticed it only when ozœna was present or where mercury had been used; he also stated that most of these cases responded well to treatment after five or six weeks, the tonsils last yielding. Most of his patients had undergone mercurial treatment at the hands of other physicians before coming to him.

Dr. HAILES spoke of a patient, female, who had ulceration of the fauces, with other symptoms suspicious of syphilis, where the diagnosis was established by specific treatment. The patches in the throat appeared three months after exposure.

Dr. MUNSON spoke of a case where the patient was wearing a tube after a tracheotomy, which had been performed to relieve a syphilitic stenosis; of another case where, through syphilitic atrophy of the nasal bones, the mouths of the eustachean tubes could be seen; the patient wore an artificial nose. Of another case of chronic sore throat in which a rhinoscopic examination revealed mucous patches and thickening of the vocal chords. A diagnosis between syphilis and phthisis was established by treatment.

Dr. HAYS related a case of syphilis which responded to treatment, but returned soon complaining of sore throat. An examination revealed an ulcer behind the glosso-pharyngeal muscle; a careful examination alone revealed its presence. He described another case of a man aged fifty in whom the palate and uvula were entirely eaten away, pharynx ulcerated beyond recognition, the œsophagus and muscles surrounding being also involved; there was no history of a primary sore. A wash of sulphate of copper, five grains to the ounce, was applied topically, and iodide of potassium was given internally. In three weeks patient returned apparently cured. There were no eruptions and no disease of the skin. He asked if iodide of potassium cured in such a case is that a sign that patient has secondary syphilis?

Dr. MOORE said that he thought Dr. Hays' case was one of syphilis, but he doubted very much if the patient could be considered cured.

Dr. FLEISCHMAN spoke of a local treatment for sore throat used at Bellevue. Dobell's solution was first used, and iodoform was applied freely; constitutional treatment was used at the same time.

Dr. VAN DERVEER presented pathological specimens, with the history of of the cases, of red granular kidney, perforating ulcer of the stomach, white kidney, fatty and cirrhotic liver, inflammation of the stomach, pleuritic attachments, formation of false joint of the humerus, uterine fibroids and dissecting aneurism.

Adjourned.

M. J. LEWI, *Secretary.*

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REDUCTION OF TEMPERATURE BY COLD BATHS.

BY HENRY HUN, M.D., ALBANY.

There are a great many diseases in which fever is an important symptom, and to a great extent the severity of the disease varies with the severity of the fever. It is not to be wondered at, therefore, that many physicians should attempt to reduce the temperature of the patient, hoping thereby to modify the disease favorably. Among the methods for reducing temperature cold baths have not infrequently been resorted to, and between five and ten years ago they occupied a very prominent position in the treatment of fevers. At the present time there seems to be a reaction against this method of treatment.

There are three questions which present themselves in a discussion on the action of cold baths:

First. Will a cold bath reduce the temperature?

Second. How long will the temperature continue to be low after the bath?

Third. What effect does the cold bath have on the other symptoms and on the course of the disease?

There is one disease which is characterized by a sudden and excessive elevation of temperature. This elevation of temperature lasts but a short time, and when the temperature falls the other symptoms of the disease also pass away. This disease would seem, then, to be just the one in which to try the effects of the cold bath on the temperature undisturbed by other factors,

and that must be my excuse for devoting considerable time to the consideration of sunstroke, which is the disease in question. Here is a brief report of two cases of sunstroke:

X. is a temperate, healthy man, 48 years old. He has been working in a sugar refinery in a very hot room filled with steam. Yesterday he suffered from loss of appetite, was very thirsty, drank much ice water, and in the evening drank three glasses in succession. After that he ceased perspiring. During the night he felt chilly, and was restless and unable to sleep, but had no headache. The next day he went to work feeling weak and chilly, and he did not perspire at all. At noon he took a glass of brandy, which gave him no relief. At 2 P. M. he left the refinery and started for home, complaining of weakness, nausea and vertigo. He fell on the street, and was brought to the hospital at 3 : 25 P. M. On entrance into the hospital he was insensible, lay perfectly quiet, face cyanotic, pupils contracted, not responding to light, skin hot and dry, pulse bounding 144, respirations 30, temperature 108.1° in axilla.

Patient was immediately given five grains of quinine subcutaneously, and was put into a tub bath at a temperature of 74°, and an ice cap was put on his head. While he was in the bath his whole body was well rubbed. Twenty minutes later, while he was still in the bath, two grains of quinine were given subcutaneously. Five minutes later his respiration became superficial and his pulse weak, and a drachm and a half of brandy was given hypodermically, and this dose was repeated five minutes later. After the patient had been in the bath thirty-two minutes the temperature in his rectum was 104.2°, and he was removed from the bath. Two minutes after he was taken from the bath the pupils were of normal size and responded fairly to light. Eighteen minutes after the termination of the bath the patient's temperature was 98°, being a reduction of 6.2° in eighteen minutes, and of 10.1° in fifty minutes. As the temperature was still falling rapidly, the patient was given an ounce of brandy per rectum, and heaters were applied to feet. At half-past four, half an hour after being taken from the bath, he winked when a finger was thrust toward the eye.

About an hour after he was taken from the bath he began to grow cyanotic, his respiration superficial and his pulse weak. At this time his temperature was 96°. Soon afterwards the pupils again contracted, and would not respond to light. He was given

brandy once per rectum and twice hypodermically at short intervals. At about six o'clock he vomited, and after vomiting his respirations became deeper, his pulse stronger and his skin less cyanotic. At half-past six he spoke. He complained of abdominal pain and felt cold. At a quarter past eight his temperature rose to 101.6°, and a sponge bath at the temperature of 70° was given and repeated every hour during the night. The next day he felt well, but weak. At the end of a week he left the hospital, and seemed to be perfectly well, except for some weakness.

The following is taken from his clinical chart:* July 3, 3.30 P. M.: T. 108°, P. 146; grs. v. quinine hypodermically; bath till 4.02. 3.40: T. 108°, P. 140; 3.45: T. 107.2°; 3.50: T. 107.6°; quinine, grs. v. hypodermically. 3.55: T. 106.8°; brandy, ʒ iss. hypodermically and ditto at 4.02°—T. 104.2°. 4.08: T. 101.7°; 4.10: T. 100.5°; 4.15: T. 99.7°; 4.20: T. 98°; brandy, ℥ i. per rectum. 4.30: T. 96.6°, P. 100; 4.43: T. 96.5°, P. 96; 4.50: T. 96°; 4.55: T. 96.8°; brandy, ℥ i. per rectum. 5.09: T. 97°, P. 90; brandy, ʒ i. hypodermically. 5.15: T. 97.2°; 5.26: T. 97.8°; 5.42: T. 98.2°, P. 80; 5.53: T. 98.5°; brandy, ʒ i. hypodermically. 6.11: T. 99°, P. 90; 8.15: T. 101.6°, P. 100; sponge baths commenced. 9.30: T. 101.2°, P. 90; 10.30: T. 101°, P. 85; July 4, 2 A. M.: T. 100.8°; 8 A. M.: T. 98.6°, P. 70. Temperature subsequently between 98° and 99°.

The second case is that of a strong, healthy, temperate man, 48 years old. During the past three days has been working on the roof of a building in the hot sun. During this time he was troubled with shortness of breath, but he had no headache, and his appetite was pretty good. This morning he went to work as usual, but he was troubled by the dyspnœa, from which he had suffered for several days, and he felt weak. During the morning he perspired freely, and he drank a considerable quantity of water, not iced. After dinner his perspiration ceased, and he began to be troubled by severe frontal headache, weakness, nausea and vertigo. After 3 P. M. all objects looked blue, but he continued to work until 6 P. M., when he started for home. Several times he fell, but managed to get on his feet again. Finally he fell down unconscious, and was brought to the hospital. On entrance into the hospital he was unconscious, had convulsive

*It has, unfortunately, not been possible to reproduce the clinical charts sent by Dr. Hun, which very graphically exhibit to the eye, by the temperature and pulse line, the effects of the baths in this and succeeding cases, and would add much to the noteworthy interest of his paper.—EDS.

movements of arms and legs, respiration was noisy and labored, pupils did not respond to light, face flushed, skin hot and dry, pulse, weak, 168, temperature in rectum 109.2°.

Patient was given five grains of quinine subcutaneously, and was put into a tub bath at a temperature of 76°, with an ice bag on his head. The shock of immersion seemed to be considerable, but the patient soon breathed as before, and the convulsive movements continued throughout the bath. He was put into the bath at five minutes past seven; at twenty minutes past seven he had an abundant involuntary dejection; at twenty-five minutes past seven he opened his eyes, and half-past seven he talked incoherently. Five minutes later he was given two grains quinine subcutaneously, and at a quarter before eight he was removed from the bath, his temperature at that time being 100.7°, thus being a reduction of 8.5° in forty minutes. As his temperature was still falling rapidly, brandy was given both subcutaneously and per rectum, and heaters were put to his feet. At ten minutes past eight his temperature was 96.2° and his pulse 100, being a reduction of thirteen degrees in temperature and seventy beats of the pulse in sixty-five minutes. At half-past eight he had such a severe convulsion that two men could with difficulty hold him in bed. He was then etherized, and he had no further convulsions. At ten o'clock he vomited, and at half-past ten he became conscious and gave his name and residence. Commencing at 11 P. M. he was given a sponge bath every hour during the night, and an ice bag was kept on his head. The next day he felt better, and steadily improved in strength till, at the end of two weeks and a half, he left the hospital perfectly well.

The following is from his clinical chart: July 3, 7.05 P. M.: T. 109.2°, P. 168; quinine, grs. v. hypodermically, and bath till 7.45. 7.15: T. 109.2°, P. 140; 7.17: T. 106.8°; 7.19: T. 106.8°; 7.21: T. 105.2°; 7.23: T. 105.2°; 7.27: T. 104.2°; 7.29: T. 104.2°; 7.32: T. 104.6°; 7.38: T. 104°; 7.45: T. 100.7°, P. 120; 7.57: T. 97.8°, P. 120; brandy, ℥ i. per rectum. 8.10: T. 96.2°, P. 100; brandy, ℥ i. per rectum; 8.17: T. 96.8°, P. 90; 8.26: T. 96.8°; ether for convulsions. 8.43: T. 97.8°; 8.56: T. 98.2°; 9.18: T. 98.7°, P. 105; 10.52: T. 99.9°, P. 90; sponge bath begun. July 4, 2 A. M.: T. 99.9°, P. 87; 8 A. M.: T. 98.4°, P. 70; P. M.: T. 99°. 5th, morning: T. 98.5°; evening, 98°. 6th, morning, T. 98.8°; evening, 98.5°. 7th, morning: T. 98.5°; even-

ing, 98.8°. 8th, morning: T. 98.4°; evening, 98.8°. 9th, morning: T. 98.8°; evening, T. 99.4°. 10th, morning: T. 98.8°; evening, 101°. 11th, morning: T. 100.3°; evening, T. 100°. 12th, morning: T. 98.7°; evening, T. 99.7°. 13th, morning: T. 100.5°; evening, T. 98.8°.

These are two typical cases of sunstroke. In both the patients had been working for several days exposed to great heat. The perspiration had been very profuse, and in consequence of the action of the skin there was a great loss of heat from the surface of the body, and the temperature of the body remained normal.

The temperature of the body depends upon two factors: First, the production of heat by oxidation processes in the body, and, second, the loss of heat from the surface of the body. In the case of these two patients the action of the skin, after having been excessive for several days, seemed suddenly to cease.

This change which took place in the action of the skin was an important factor in, if not the direct cause of, the elevation of the temperature of the body. Certain nervous symptoms then made their appearance, which can be wholly or in part explained by the fact that blood of an abnormally high temperature was supplied to the brain. These symptoms were headache, vertigo, nausea, weakness and, finally, coma, immobility of pupils, disturbance of respiration and pulse and, in the second case, convulsions. A similar condition of coma and partial paralysis, with superficial respiration and at times convulsions, can be quickly produced in animals by subjecting them to a high temperature. In the second case, for three hours before the patient became unconscious every thing looked blue. It is usual in cases of sunstroke that all objects should appear of a uniform color, but the color is not always blue.

When these patients were put into the cold bath there was no severe shock produced. The temperature and pulse soon commenced to fall, and they fell rapidly. When the temperature began to fall rapidly, the patients were taken from the bath. The temperature continued to fall until it reached a point several degrees below the normal. This fall below the normal is not peculiar to the cold bath. In any disease where the temperature is high and falls rapidly, it is apt to go below the normal point. This is often seen in pneumonia. After the crisis the temperature may be sub-normal for several days. In our cases heaters were applied to the feet and brandy was given in this cold stage for

fear of collapse, which might be caused by the rapid reduction of temperature. After the temperature had remained sub-normal for three or four hours, it rose a few degrees above normal, and then gradually fell again. The cold bath had no direct effect upon the cerebral symptoms, and it was about two and a half hours after the body was cool before consciousness returned.

The effect of the cold bath treatment in these cases confirms the ideas that we have already given of the nature of this disease, viz., that the increase in temperature is not due to an increase of combustion in the body, but to a diminished loss of heat from the skin. For, if there had been an increased combustion taking place in the body, that would hardly be affected by the bath, and after the bath, the temperature would rise again. The body seems rather to have been in an over-heated condition and unable to get rid of its heat. After abstracting this extra heat, by the cold bath, the skin re-commenced its normal functions, and the body, after a little oscillation, remained at the normal temperature. And, after blood of the normal temperature had been supplied to the brain for several hours, the brain resumed its normal functions.

On the same day on which the two cases just described entered the hospital, some six other cases of sunstroke entered; all of them were treated in the same way and with the same excellent result. In all the cases, besides the cold baths, quinine was given subcutaneously, but the fall in temperature came on so soon and the amount of quinine was so small that it can have played a very slight part in the reduction of the temperature. Judging, then, from these cases, we can answer the questions which we put forth at the outset as follows:

First. The cold bath will reduce the temperature.

Second. The temperature will remain low after the bath, except for some slight variations (consisting of, first, a fall below and then a rise above the normal point), so long as there is no increased oxidation in the body, causing a fresh rise.

Third. The cold bath reduces the temperature and pulse. It produces a slight depressing shock at the outset. On the other symptoms of the disease it produces no effect, except in so far as those symptoms depend on overheated blood.

Let us turn now to another class of fevers in which the elevation of temperature is due to an increased oxidation in the body rather than to a deficient loss from the skin. We may select

typhoid fever as one of the best examples of a fever not depending on any local inflammation, and the following is a case of typhoid fever treated by cold baths.

The patient was a woman 27 years old. Seven days previous to entrance into hospital she began to be chilly and feverish and to suffer from pain in her back and left side. She had much diarrhœa (ten or more dejections daily), and had a cough. She had very little headache, and had no vomiting and no epistaxis. Had been delirious part of the time. On entrance into hospital her temperature was 102.6°; pulse 100; respiration 40. Her tongue was moist and covered with a thick yellow coat; sordes on teeth. There were four or five unmistakable rose spots on abdomen. There were numerous dry râles over both sides of chest. Patient was dull and stupid, but restless, and on the evening of entrance was given five grains of Dover's powder.

The patient had been in the hospital a few weeks previous suffering from colic due to gall stones, and as her constitution was known to be feeble, and as her general appearance was very bad, it was feared that she would not survive the fever, and it was resolved to try the effects of cold baths. Accordingly, on the afternoon of October 27, two days after entrance, she was put into a bath tub with water at the temperature of 100°, and by the addition of cold water the bath was reduced in the course of five minutes to the temperature of 70°, at which point it was maintained for fifteen minutes more, when the patient was put back in bed, having been the bath twenty minutes in all. The bath tub and the bed stood close by each other, and the bath was given with as little disturbance to the patient as possible. All the while that the patient was in the bath her skin was well rubbed, and after she was taken out of the bath she was wrapped up in blankets and well rubbed. During the bath the pulse did not vary much in strength or rapidity. Finger nails became very blue. Patient shivered and begged to be taken out of the bath. For a couple of hours after the bath her hands and feet were cold and her finger nails blue. The cold bath was repeated in the same way and with the same results at 6 and again at 8 P. M. of the same day, except in the bath given at 6 P. M. the patient grew very faint and her pulse weak and her finger nails blue, so that she was removed from the bath at the end of ten minutes. The baths were repeated at 2, 8 and 12 P. M. of the next day and at 8 A. M. of the day after. Before

each bath half an ounce of brandy was given. The patient did not like the baths at all, and she complained very much of the rubbing to which her skin was subjected during and after the bath. Accordingly this rubbing was omitted in the bath given at 8 P. M., October 28. After the first of these baths she had a severe chill, and after the second one she had a slight chill. In the next bath she was well rubbed, and had no chill.

Let us now consider more closely the effect of the bath. Fifteen minutes after the first bath the hands and feet were cold. The temperature in axilla was 97° instead of 103°, as it was at the commencement of the bath. The temperature of the interior body was still high, the rectal temperature being 102.2°. As more and more blood circulated through the cold skin, which was well rubbed in order to maintain a free circulation through it, the general temperature of the body gradually fell, and one and one-half hours after the bath the rectal temperature was nearly as low as the axillary, the temperature in the rectum being 99°, that in the axilla being 98.5°. Then the temperature of the body rose rapidly, and two hours later the rectal temperature was 104.8°. She was then given another bath, but on account of the alarming symptoms which appeared she was only kept in the bath ten minutes, and not much reduction of temperature was produced. At 10 P. M. she was given another bath, and fifteen minutes after the bath the rectal temperature was 102.5° instead of 104.8°, as at the commencement. An hour and a half after the bath the rectal temperature was 103.5°. The same result was obtained from the other baths, viz., an immediate lowering of the temperature, which had entirely disappeared at the end of four hours. In the two baths in which the skin was not well rubbed there was an immediate fall of temperature, but at the end of two hours the fall of temperature was less than in the baths where the skin had been well rubbed, and the bath was followed by a chill. The pulse was not so much affected by the baths as was the temperature. The patient was given seven baths in the space of thirty hours, and at the end of the series the pulse was considerably higher and the temperature a little higher than at the commencement. She was brighter and less stupid, and her tongue was a little cleaner. During the whole time that she was in the hospital her bowels were regular. At the end of the seven baths it was decided to omit them, because they worried the patient and produced a

condition of nervousness which, it was feared, might be prejudicial. Certainly the average temperature and pulse beats were higher since the baths were commenced. The baths were accordingly omitted. The next day the temperature was higher, and the pulse rate also rose; and, although brandy was very freely given, yet the patient sank steadily and died.

In another case of typhoid fever in which I gave a cold bath, the same effect was produced—a rapid fall, and in four hours the temperature was higher than it was before the bath. I have also seen many charts of fevers treated by cold baths, and in the main they correspond with the chart of this case.

If now we try to answer the three questions which we put at the outset, we can say that in typhoid fever—

First. The cold bath will reduce the fever several degrees.

Second. The temperature will remain low for two or three hours.

Third. As to the effect of the cold bath on the other symptoms of the disease: The pulse is very slightly lowered, the patient is roused out of his condition of sopor. This arousing of the patient seems to be in great part due to the excitement attendant on the baths, and this excitement also produces a condition of nervousness in the patient which, I think, is unfavorable. So much, I think, we have seen from our case, and this is about what is claimed for cold baths by their advocates, except that they add that there is a general parenchymatous degeneration of the organs of the body produced by the fever, and which does not occur when the fever is moderated by cold baths. This parenchymatous degeneration, which consists in the deposition of solid albuminous matter in the cells seems to me to be due to the want of fluid in the tissues in typhoid fever, and it can be obviated, I think, quite as well by giving plenty of water to the patient to drink as by cold baths. In typhoid fever there is an increased production, not a diminished loss, of heat, and by cold baths the loss of heat is increased, and consequently, since the average temperature remains the same, the production of heat is increased, and there is increased oxidation of the tissues.

As far, then, as these few cases show any thing, they show that cold baths will always reduce the temperature; that they are useful and permanently reduce the temperature in those cases where there is a diminished loss of heat from the body, and that they only temporarily reduce the temperature in those

cases where there is an increased production of heat in the body. In those cases of typhoid in which the temperature is so high as to threaten the life of the patient, the employment of the cold bath may in some cases save his life.

Before closing I wish to call attention to the fact that cold water is used to reduce temperature in other ways than in a bath. The principal ways are the cold wet pack and sponge baths. Of the first of these ways I have no experience, but Dr. Flint, in his "Practice of Medicine," reports the case of a man who entered Bellevue Hospital unconscious from sunstroke, with a temperature of 110½° in axilla, pulse 150, skin cyanotic. He was at once wrapped in a wet sheet and cold water sprinkled over him with a sprinkling pot. In two and a half hours the temperature in the axilla was 104¾°, the frequency of the pulse and the cyanosis persisting. He was then removed from the sheet for an hour and then put back in it again, and kept in it for two hours, when he was removed and his temperature found to be 101⅛° and pulse 120. The sheet was not applied again, but the patient steadily improved, and finally recovered. He became conscious ten hours after entrance, and five hours after the sheet was removed for the last time. Thus the cold wet pack acts in the same way as the cold bath, only slower. On the other hand, the sponge bath has no effect on the temperature, as can be seen from this chart of a case of typhoid fever in which cold sponge baths were tried, and this is the general verdict upon sponge baths by observers who have noted the temperature accurately before and after the bath.

The following is from clinical chart: May 5, 3 P. M.: Before bath, T. 103.5°; after, 103.8°. 5 P. M.: before, T. 104.4°; after, 103.8°. 7 P. M.: before, T. 103.8°; after, 104°. 9 P. M.: before, T. 103.5°; after, 103.3°. May 6th, 8 A. M.: before, T. 103.3°; after, 102.8°.

To relieve the itching, often a very serious symptom attending icterus, Dr. Harley, in "Diseases of the Liver," recommends taking, just before going to bed, half a teaspoonful of bicarbonate of soda, with from two to ten grains of iodide of potassium, in six ounces of water.

SELECTIONS FROM JOURNALS.

SELECTION of health resorts is a subject which no one should attempt the solution of without practical study. For some invalids simply *change* is all that is needed, for many the great thing needed is a climate suitable for out-of-door exercise, others require a better air for the recuperation of failing strength. Many conditions require to be taken into account respecting a resort, such as moisture or dryness of the atmosphere and its being loaded with healing products of sea or forest. These may vary within very short distances, and even were a system of climatology completed, constant revisions would be necessary. Many of our summer resorts, moreover, are absolutely dangerous to life from the unsanitary conditions of the house or its surroundings, and the sewerage of some cities is notedly bad, as, for instance, St. Paul, which has been commended for incipient phthisis. Another great evil is the indifference toward providing wholesome fare. Many health seekers leave friends and comfortable homes to live in small, ill-ventilated rooms, and lead a homesick life, the prey of heartless landlords. Further, the purse of the patient must be considered. It is not enough, then, to say, "Go to Colorado or to Southern France," but just where to direct the patient should be known, guided by knowledge of his conditions and those of the exact locality.

As to Colorado, the winters are very cold and the summers burning hot. It has been said that the water is bad, shade scanty, quarters rough, society unpleasant and living expenses high. It is also dangerous to return to the Atlantic states. Many consumptives hurry there to rapidly fall victims to hemorrhages.

Minnesota has been considered until recently invaluable for pulmonary diseases. In the opinion of many of its prominent physicians the climate has changed within ten years. There is great prevalence of malaria along the Mississippi above La Crosse, and catarrhal affections, diphtheria, typhoid and other fevers are on the increase. A peculiarly rapid form of consumption has developed in the southern and central parts of the state. It is one of the last places to send a pulmonary or nervous invalid. The fall and winter are decidedly preferable to the summer, the heat of which is very debilitating.

The Adirondacks furnish a sanitarium unsurpassed for pulmonary, nervous and malarial diseases. It is easily accessible, furnishes large choice of residence, from the camp to the hotel, many of which latter are well kept. Bloomingdale, a central village, is to be preferred. Of sea-coast resorts Dr. Madden states that the climate is more equable in temperature and less subject to sudden transitions. Dr. Tyndale takes exception, however,

and says that excessive moisture, sudden fluctuations of the thermometer and high winds develop consumptive disease. It appears to be the opinion of the majority that, while the pure air of the open sea is beneficial, the mixture of land and sea air is to be feared. Newport is healthy for almost all diseases except advanced consumption. For this disease it is not equal to Ventnor, Isle of Wight, on the southern coast and well shel tered, the ground quickly dry, living good and the cost moderate, and the air almost, if not wholly, the pure air of the sea, free from sudden changes and moderately stimulating. A long sea voyage alone gives absolutely pure sea air, and this "ocean cure" is advisable for many diseases, including some forms of consumption.

The climate of Italy is not considered beneficial at any season. Much suffering exists among foreign residents from houses not suitably heated in winter and not built for summer weather. Along the Mediterranean phthisis among the natives exceeds England in the ratio of mortality. Mentone and the Davas Platz are neither to be recommended.

Of inland continental health resorts none is better than Ischl. The Tyrol is generally becoming popular. The discomforts of European railway travel are, in this connection, to be considered.

Health resorts should be established on scientific principles and for the benefit of the public, and their character should be known as far as it is possible before patients are sent on a long journey to them.— *W. Thornton Parker, M.D., U. S. A., in Sanitarian.*

A CASE of poisoning from salicylate of soda is reported in the *Medical and Surgical Reporter.* A dose of fifteen grains was given for rheumatism; the patient fell asleep an hour and a half afterward and soon became comatose, with contracted pupils, pulse 45, respiration 12 and temperature 98.5°. This condition continued for sixteen hours, when he died. Examination of the remaining powders showed that they contained nothing but salicylate of soda. No organic lesion sufficient to cause death was found on post-mortem examination, and it was concluded that it was produced by the salicylate. The question of idiosyncrasy would be interesting regarding the drug, to which no such results have heretofore been attributed.

THE mullein plant, it is said, has long been a popular remedy for phthisis in Ireland. Of the leaves, fresh or dried, an ounce is placed in a pint of milk, boiled ten minutes and strained; it is given warm, with or without sugar, twice a day. Dr. Quinlan, in the *British Medical Journal*, reports seven cases in which it eased cough, checked diarrhœa and relieved dyspnœa, but had no influence over the night sweats.—*Louisville Medical News.*

On the antipyretic treatment of typhoid fever Professor Germain Sée says, in the *Medical and Surgical Reporter:* "What is the *raison d'etre* of the treatment? We have learned to regard the therapeutics of fever as a warfare against a master symptom which dominates the entire morbid scene and which alone deserves consideration. The principal evil effects of fever are wasting of the tissues, fatty degeneration of the organs, depression of the circulation apart from anatomical injury of the heart and lesions of the nervous system.

Refrigeration, by the outward application of cold, has been a favorite treatment. It cannot be defended from either a physiological or clinical standpoint. The first effect of placing a patient in cold water is to slow the peripheral circulation and drive the blood toward the centre, notably diminishing the chances of entire refrigeration. There is first an excitation (of a kind not well understood) of the calorific centre, which causes increased production of heat, so that little is gained during the bath, and augmentation of temperature follows it. You may use a bath very near the freezing point, as Liebermeister recommends, and refrigerate the patient without doubt, but animal heat may never return. Another disastrous effect is exaggeration of the oxidations, causing more oxygen to be absorbed and more urea and carbonic acid to be excreted; the tissues consequently disappear more rapidly. All physiologists in France and Germany agree on this point. Cold baths have, besides, clinical disadvantages in the way of grave complications. Pneumonia has again and again resulted, by statistics in ten of sixty-three cases. Intestinal hemorrhage I have experienced in every fourth or fifth case. Besides there are the ill effects upon a weakened heart from this intropulsion of blood.

Quinine has been used since 1840. It is an antithermic remedy, diminishing oxidations; it is a precious cardio-vascular medicament; it acts on the whole cerebro-spinal system, diminishing reflex action and augmenting tone. The medium dose is thirty grains daily; ten to twenty grains has no effect on typhoid temperature. I give fifteen grains early in the morning and the same at 9 P. M. If given in more divided doses it is eliminated by the urine before there is enough in the blood to produce the desired effect. Its febrifuge action is realized after six or eight hours. After this, and often after free sudation, heat reappears, but not attaining the height of the previous day; we generally gain a degree and a half. It is eliminated in twenty-four to thirty-six hours, but often intermittently. The morning dose anticipates the evening rise, and the evening dose intensifies the effect. It should be continued daily in the same or in lessened dose; if suspended, you lose what you have gained. I have never exceeded forty-five grains. Some refractory cases resist this and all treatment; the vitality of the organs and tissues is too far gone to respond. Quinine modifies but triflingly the temperature of health. Its refrigerating effects

can only be explained on the assumption of retardation of thermogenesis; it diminishes the oxidations. Urea is diminished from twenty-four to thirty per cent., and elimination of carbonic acid is lessened. Its most remarkable property is to bring back the cardio-vascular tension, of which fever determines a diminution as expressed by the dicrotic pulse, which is always proportional to the elevation of temperature. We are not compelled to fear collapse of the heart, as with cold baths.

Quinine has also been considered an antizymotic, allying it to the salicylic series; it arrests fermentations, and it acts specially on the micro-organisms of marsh fevers. But we are not obliged to take its antiseptic powers into account, for the most we can do in this direction is to utilize this action on the amœboid movements of the leucocytes, especially modifying inflammation. It would be necessary to give two or three kilograms to effect this object.

Alcohol acts in a similar manner to quinine and may be given concurrently. It is a sub-oxidyzing agent, retards waste and reduces temperature; it supports strength, stimulates the nervous system, and in every way is the congener of quinine. This mixed treatment, in my judgment, constitutes the very best means of preservation of the vital forces during this protracted disease.

Sanitarians find no disease more interesting to study, in regard to its producing causes, than diphtheria. A recent outbreak, apparently spread by milk, appears in a recent issue of the *British Medical Journal.* A peculiarity of it was that it fell among persons of high social position. At the time of the inspection by the local government board the number of known recent cases was thirty-one, of which five had proved fatal. The houses were mostly in elevated, open situations, with nothing in their sanitary condition to account for the disease, and in few cases only was there known exposure to a previous case. Suspicion fell upon a dairy from which the greater number were supplied. Visiting the farm, no abnormal conditions were found, and no cases of recent sickness could be discovered among the residents connected with it. At the milk shop, as well, the residents were well, but a case of diphtheria had occurred next door. In a narrow yard back of the shop the cans were washed in town water boiled in a small outhouse. This building was divided by a partition from the water closet, and on pouring benzoline into the drain of the next house, where diphtheria had occurred, the smell appeared in the closet. It seems reasonable to suppose that the infective matter may have gained access to the milk by wiping out the cans with cloths hung in the narrow yard, where they had contracted impurities from the atmosphere.—*New York Medical Journal.*

Nitrite of Sodium has been advised in the treatment of angina pectoris by Dr. Matthew Hay. In a former paper he expressed the view that the benefit was due to the contained nitrous acid. To confirm this belief he has tested the value of other nitrites and allied compounds in the same disease (*Practitioner* for May), among them the nitrite of amyl and nitroglycerine, and draws the conclusion that nitrous acid in any combination, whether as an ether or a metallic salt, is useful in the treatment of angina pectoris, and that in the case of the nitrite of amyl the action of the acid is aided by that of the base. On the other hand, all compounds of nitric acid are without effect, unless it so happens that the constitution of the nitrite is such that it is decomposes in the body, with the liberation of nitrous acid. He concludes that the nitrogen-containing remedies used for angina pectoris belong in one of two classes—one consisting of combinations of nitrous acid with metallic oxides or alcoholic radicals, the other a peculiar class of nitric ethers obtained from the higher alcohols, whose decomposition within the body results in the production of nitrous acid, upon the presence of which the action of the compound, in both classes, depends. To these classes might be added another containing such substances as compounds of amyl, whose action is similar to the nitrites; but this is not a group to be chosen in treating angina pectoris, the dose required being large, the action not rapid and the after effects liable to be disagreeable.— *Weekly Medical Review.*

Fluid extract of hamamelis is spoken of highly by Dr. J. H. Musser for varicose veins. After speaking of its value, from experience, in controlling hemorrhage, in capillary oozing from the nasal, pulmonary and uterine surfaces, he quotes the results of thirteen cases upon which he bases the belief that varicose veins can be cured by it. It was given internally, in teaspoonful doses, four times a day. Unpleasant symptoms were not noted. No additional treatment was associated beyond sometimes its external use as a lotion and sometimes a soothing ointment. In one case, the most remarkable of the series, the disease had lasted in one leg since 1865, numerous ulcers, œdema and a persistent eczema being sequent conditions; the other leg was likewise affected. He was unable to work, and had been for three months in hospital. Great relief was soon experienced, and he was nearly cured in six weeks. The œdema, ulceration and inflammation passed away entirely, the hypertrophy of the tissues lessened, and the veins became of almost normal size. It was also successfully used for the relief of varicose veins in pregnancy.— *College and Clinical Record.*

An aphorism of Voltaire: "Only the charlatan is always certain."

Dr. J. R. Rothrock calls attention, in the *Medical and Surgical Reporter*, to "pear grit" as a cause of anal irritation. The symptoms which occurred for successive summers to a healthy individual fond of fruit were those of excessive pain at defecation, tenesmus, flattened feces and discharge of blood. The periodical return called attention to the cause, pears being eaten very freely. It was found that on the closet paper used there were small white hard bodies, microscopically found to be the schlerenchyma, or stone cells, found in pears. These are of the same material and hardness as the shell of the hickory nut. Presenting numerous sharp angles, when clustered together these may easily be a source of distress and inflammation if lodged in the fold of mucous membrane of the anus.

Bubo of chancroid is recommended by Dr. Keyes to be treated, for the sake of aborting it, by applying with a camel's-hair brush equal parts of tincture of aconite root and tincture of belladonna several times a day. He objects, reasonably, to all irritating appliances and even to ointments where application involves rubbing in with the fingers. The writer has found the suggestion satisfactory as an aid to treatment, pain and tumefaction speedily subsiding. If the application proves irritating, it may be diluted with water.

A case of carcino-sarcoma of the uterus in a child two years of age is recorded in the *Lancet*. On account of difficulty in urinating, advice was sought, and a tumor was discovered, which was found at the autopsy, fourteen days later, to project from the fundus uteri.

Joseph Taber Johnson, M.D., says: "I have used Listerine in the same class of cases in which I have been accustomed to use carbolic acid, and have been much pleased with results. In uterine cases, and for removing odors from my hands after examinations, I employ it frequently. Its freedom from the peculiar odor of the carbolic acid is much in its favor. It is an excellent remedy, properly diluted, to correct the foul smells after abortion, and to disinfect offensive lochial discharges. I often use it in obstetrical cases. In syphilitic and catarrhal ulcers and discharges in the throat and nasal passages, it promptly corrects the intolerable odor, and gives equal satisfaction in offensive leucorrhœa." Dr. George J. Engleman speaks highly of it in obstetrical and surgical practice.

The Medical Annals:

A Journal of the Medical Society of the County of Albany.

EDITORIAL COMMITTEE:

F. C. Curtis, M.D., Lorenzo Hale, M.D.,
A. Van Derveer, M.D., Jno. Ben. Stonehouse, M.D.,
Willis G. Tucker, M.D.

Vol. IV. JUNE, 1883. No. 6.

——That longevity increases year by year statistics continue to show, and no fact can give greater satisfaction in its contemplation to those interested in the progress of medicine. Those of us working to cure sickness will undoubtedly regard it as cause for congratulation and as an evidence that the materia medica has become a more trenchant weapon with which to cope with disease. More credit is doubtless due to modern sanitary science, however, and to the various means of preventing disease; still, it is susceptible of proof that both those who prevent and those who cure are each entitled to a share in producing this result. The people are brought up to better ways of living, epidemics that not so very long ago were more devastating than the tornado are shorn of their terrors, and diseases are cured with more certainty and despatch. Comegys wrote, some years ago, that while at the beginning of this century one in seven of those admitted to the hospitals, as shown by their reports, died, now but one in twelve dies, a saving of six persons in one hundred among the sick; besides, the average residence in the hospital is reduced from thirty-nine to twenty-four days. It is shown that during the century there has been a gain of thirty-five per cent. in the saving of life in surgical practice. Dr. Merriman's tables showed, in 1828, that in midwifery one in one hundred and seven died, while one hundred and fifty years earlier, when the tables commenced, the death rate was one in forty; it is now probable that not one in two hundred and fifty dies. Data gathered from all sources show that during this century life has been prolonged more than twenty-five per cent.

and that the duration of treatment has been lessened one-third. That these facts, which provoked such enthusiastic expressions in the introduction to "Renouard's History of Medicine," were not the result of any single fortuitous circumstance or discovery, but rather of steady growth in sanitary and medical science, it is more grateful to believe, and that it is proven the recent life tables given in the *British Medical Journal* show.

Dr. Farr's English life tables, based on the records of seventeen years between 1838–54, have long been the basis upon which prospective longevity is computed. By these the mean duration of life of males, from birth, was 39.9 years. By the new table it becomes 41.9, an increase of two years and an addition to the lifetime of males of five per cent. With females the increase is still more marked. According to Dr. Farr's tables the mean duration of the life of females was 41.9 years; the new tables show it to be 45.3 years, representing an addition of almost three and a half years, or more than eight per cent., to the average lifetime of all females from their birth. A reduced death rate and a very important addition to the average lifetime is thus proven by this paper to have taken place.

It is a matter of interest to know to what part of life this addition is made—whether to childhood, maturity or old age. To answer this question as to what period of life the additional years are added, the forty years from twenty to sixty are classed as the useful period of human life, and the years preceding and following this period are termed the dependent period. One thousand males, according to the new tables, will live in the aggregate 2,009 years more than they would by Dr. Farr's tables. The paper shows that 1,047 of these years, or seventy per cent. of them, are lived during the useful period—between the age of twenty and sixty; twenty-two per cent. are lived under the age of twenty and eight per cent. after sixty. With females 3,045 years are added to one thousand lives, of which sixty-five per cent. are added to the period between twenty and sixty, eighteen per cent. under twenty and sixteen per cent. after sixty. It is thus seen that sixty-six per cent. of the addition to the increased duration of human life in England is lived during the productive period of life, and thirty-four per cent. only is added to the dependent ages of childhood and old age. It appears that the control of diseases that affect men during the time of active vitality has been more effectively met, and that longevity has

not simply been increased by "prolongation of the passive endurance of life." That increase in longevity will continue is doubtless true, because these tables show that it is progressive by not long intervals of years, and because we can see abundant room for further knowledge to be secured both in sanitary and therapeutic science.

——Dr. George S. Munson has been made one of the ophthalmic and aural surgeons to St. Peter's Hospital, becoming associated in this part of the hospital work with Dr. Merrill, who, since the death of Dr. Robertson three years ago, has carried on this very considerable service alone. The out clinic, which is large, is held at the hospital daily, except Sundays, at 9 o'clock, and on alternate days by the two surgeons.

——Dr. T. K. Perry has removed to 174 Second street, in the vicinity of his former residence, having become possessor of this property by purchase. Dr. O. H. E. Clarke, formerly of Cohoes, removed to Fargo last November.

——This number contains a list of the officers and committees of the society for its current year, together with the office-hour list of the active members. The attempt has been made in past years to add to this, in our society register, a similar list of neighboring county societies. For one or two years this has been omitted, but if any of our contiguous societies wish to send us in such a list, we shall take pleasure in printing it.

——Outing is the pleasantly suggestive title of a journal published here in Albany and, no doubt, familiar to our readers. They may not know, however, that the beauty of its dress and the grace and taste of its make-up have, with the completion of its first volume, been added to as it starts on its second year, and that it blossoms out like a spring flower in the month of May with new charms. There is also more of it, and as we glance over its fair pages, covered with the bright thoughts of our better American writers, especially those who have a sympathetic love of nature, and seem to make their work smell of wild blossoms and breezy hillsides and salt ocean air, with the sounds and voices that swell from country and seaside, and make tired workers long to get out to it; and as we see the sparkle of the editorial page, free from a money-getting spirit, jealously kept true to the best instinct of the journal's purpose, we are glad there is more of it. One may be deluded into an enthusiasm

that may seem fulsome over a journal devoted to recreation and to nature, which holds a tender spot in all our hearts; yet in its fair exterior and intimate composition it seems almost ideally true to its end. And it is not misplaced to speak of it and congratulate it, not to be neighborly only, but because to itself, in a pretty way luring men to health and happiness in mind and body, we may claim a relationship, and at least call it our fair cousin. "Each winter resort," says John Richard Green in "Stray Studies," "brings home to us the power of the British doctor. It is he who rears pleasant towns at the foot of the Pyrenees and lines the sunny coasts of the Riviera with villas that gleam white among the olive groves. It is his finger that stirs the camels of Algeria, the donkeys of Palestine, the Nile boats of Egypt. At the first frosts of November the doctor marshals his wild geese for their winter flitting, and the long train streams off, grumbling, but obedient, to the little Britains of the south." We have, then, a good deal to do with health resorts and recreation — perhaps it would be better if we had more. Any way, when we find a journal devoted in the right spirit to this theme, we may hail it and wish it good-speed.

MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Abstract of the Minutes of the Regular Stated Meetings of January 10 and 24 and February 21, 1883.

The minutes of the two meetings of the Society held in January are omitted in detail, as they appear to have been for the time mislaid.

A meeting was held January 10. Dr. H. Bendell read a paper upon "Adenoma at the Vault of the Pharynx as a Cause of Deafness." It may be found in the May number of the Annals. Dr. Henry Hun also reported a case of Tubal Pregnancy, with details of the post-mortem observations, illustrated by drawings.

January 24 a regular meeting was held, at which Dr. David Fleischman read an article entitled "An Inquiry into the Etiology and Hygiene of Malaria." Dr. E. C. Kennedy, resident physician to the Albany Hospital, also reported a case of Typhlitis. A specimen of fœtal monstrosity was sent to the meeting by Dr. J. H. Blatner.

A regular meeting was held at Alumni Hall, Albany Medical College, Wednesday, February 21, 1883.

Present: Drs. O'Leary, Bendell, H. Hun, T. P. Bailey, Bartlett, Case, DuBois, Miller, Hale, Woodward, Reynolds, Morrow, Perry, Thompson, Clark, Cook, Ward, Townsend and Lewi.

The President announced the death of Dr. Carroll H. Phillips, who joined the society at the last semi-annual meeting, having graduated at the Albany Medical College in 1880.

Dr. T. P. Bailey made remarks regarding Dr. Phillips, and offered a series of resolutions which were adopted.

Dr. F. Townsend spoke of multiple sarcoma of the skin, presenting a patient.

Dr. Ward asked if the tumors disappeared or became absorbed.

Dr. Lewi asked if excision was ever resorted to.

Dr. Hun spoke of its appearance on the back and breast as exceptional, the feet and hands being noted as the favorite location.

Dr. Townsend, in reply to the questions asked, said there was a form of sarcoma which did become absorbed; that in solitary pigmentary sarcoma Piffard had operated, and the hemorrhage was alarming.

Dr. Bendell spoke of a woman, aged 30, who came to the policlinic at Heidelberg, in whom sarcoma had developed in the gluteal region and in folds of the axilla. An examination of the eye was made, and in the choroid of one small tumors were found. Seven months after the tumor protruded, reaching the size of 4½ by 3¾ inches. The mass was enucleated and shown to be sarcoma by the microscope. Ten months after, tumors were seen in choroid of the other eye, which, six months later, was enucleated. The patient died six months after. The post-mortem showed sarcoma of all the vital organs.

Discussion on Measles followed.

Dr. Bendell said that out of a school attendance of ten thousand in Albany over fifty per cent. were detained. The poorer districts seemed to have suffered most.

Dr. Hun said he had seen but one death in eighty cases.

Dr. D. C. Case said that in his district influenza seemed to run even race with measles; that in his town influenza appeared one month before the measles, continuing through it.

Dr. Cook said his experience had been quite favorable; he had seen cases where severe complications had ensued.

Dr. O'Leary, from the Board of Health, said that the records of seventy-six deaths reported since October showed only two cases of measles without complications. In his experience the complications had been extremely severe. Bartholow says we may have mild or severe cases, and that the intestinal and lung disturbances may be alarming. In the army there have been epidemics of measles more severe than typhoid and as much dreaded.

Dr. Morrow asked if the percentage of deaths from lung troubles was greater during the past months whilst measles was raging than heretofore.

Dr. O'Leary said that the deaths had been very numerous. The death returns are complete now, as interment cannot take place without a permit.

Drs. Clark and Bartlett mentioned cases of recurrence of the disease in the same individual within the course of a year.

Dr. T. P. Bailey spoke of Dr. Curtis' paper on Rœtheln, an epidemic of which had prevailed in Albany two years ago. It is possible that it has been confused with measles.

Dr. Cook said that he could verify the statement that measles came twice; he had seen it in his own family and in his own practice.

Dr. Perry thought that his experience had been severe. He reported a number of fatal cases. He called attention to the fact that those of his patients who had died showed brain complications.

Dr. Snow said that complications always caused the death, and physicians were often called to treat the complications that may have arisen.

Dr. Ward asked of Dr. O'Leary if measles appeared in a case, eruption disappeared, complications ensued and patient died, say of capillary bronchitis, how do the Board of Health expect us to make out our returns in regard to chief and determining cause?

Dr. O'Leary said that in such a case he would state that measles was the cause, unless the pneumonia had started as a disease *per se*.

After discussion as to the best mode of reporting deaths as to their cause, the Society, on motion, adjourned.

M. J. Lewi, *Secretary*.

THE UNION MEDICAL ASSOCIATION.

The Union Medical Association, composed of representatives of the medical profession in Albany, Rensselaer, Saratoga, Warren and Washington counties, met in Alumni Hall, at the Medical College, May 15, at 11 o'clock A. M. Dr. J. B. Stonehouse, of Albany, presided, and Dr. J. W. Moore, of Cohoes was chosen Secretary.

On motion, Drs. J. W. Moore, of Cohoes, F. L. R. Chapin, of Glens Falls, and and M. J. Lewi, of Albany, were appointed a committee to arrange the order of business for the session, after which a recess was taken until 1.30 o'clock.

On reconvening in the afternoon the Secretary read a paper from Dr. Harris, Secretary of the State Board of Health, urging upon the members of the Association the necessity of preserving full and complete records of births which they may be called to attend.

Dr. Maurice J. Lewi next discoursed on "Vaginitis and its Treatment" in a very clear and intelligent manner, after which Dr. Murray, of Glens Falls, read a paper on "Prostration from Disease." This called forth discussion from Dr. Gibbs, of Washington county, Drs. Chapin and Ferguson, of Glens Falls, and Dr. Kniskern, of Warren county.

Dr. Martine, of Glens Falls, followed with a paper on "Pneumonia," which elicited from the members the various modes of treatment adopted by the profession.

Prof. Willis G. Tucker next spoke of "The Medico-Chemical Analysis of Water." His paper was discussed by Dr. Elisha Harris, Secretary of the State Board of Health, and Dr. Munson, of Albany.

Dr. Hall, of Saratoga, read a paper on "Parostitis and its Complications."

After a motion to hold the next meeting at Saratoga Springs, the society, having passed a vote of thanks to the readers of the day, adjourned.

ACTIVE MEMBERS—OFFICE HOUR LIST.

Archambeault J. L. 56 Congress, Cohoes, 8-9, 1-3, 7-9
Bailey James S. 95 Hamilton, c. Eagle, 8-9, 3-4
Bailey Theodore P. 95 Eagle, 9-10, 3-4, 7-8
Bailey William H. 1 Washington av. 8-9, 3-4, 8-9
Balch Lewis, 14 Washington av. 8½-9½, 2-3½, 7-8
Ball O. D. 766 Broadway, 8-9, 1-2, 6-7
Barker James F. 669 Broadway, 9-10, 2-3, 6-8
Bartlett E. A. 83 Hawk, 8-9. 1-3, 5-7
Becker Hiram, New Salem, 8-9, 1-2, 7-9
Beckett Thomas, 276 Washington av. 7-9, 1-3, 6-10
Bell H. W. 350 B'way, E. Albany. 7½8¼, 2-3, 7-8
Bendell Herman, 109 Eagle, 1-4, 6-8
Bigelow J. M 81½ Hudson av. 8½-9½, 2½-3½, 7-9
Blatner J. H. 132 Hudson av. 8-9, 2-3, 6-8
Boudrias L. 105 Mohawk, Cohoes, 8-10, 1-3, 7-9
Boulware J. R. 171 Hamilton, c. Eagle, 8-9, 2-3, 7-8
Boyd James P. 212 State, 8-9, 2½-3, 6-7
Brown E. E. Bethlehem Centre
Buffilinton C. E. 229 B'way, West Troy, 7-9, 2-4, 6-9
Case Daniel C. Slingerlands, 8-9, 6-9
Case H. S. 80 Madison av. 8-10, 2-3, 6-8
Clark R. D. 65 Grand, 8-9, 12-2, 6-8
Classen F. L. 66 Grand, 9-10, 1-3, 6-8
Cook D. H. 264 Clinton av. 8-9, 1½-3, 6-8
Craig William H. 12 Ten Broeck, 8-9, 2½-3, 7-8
Crawford C. H. 154 Hudson av. 8-10, 2-4, 7-8
Crounse Hiram, Clarksville, 9 A. M. 4 P. M.
Crounse Jesse, Knowersville, 8-9, 7-9
Curtis F. C. 17 Washington av. 8-9, 2¾-3¾, 7-8
Davidson J. R. South Bethlehem, 8-9, 1-2, 6-7
DeGraff A. Guilderland, 8-9, 1-2, 6-7
Devol C. 48 Franklin, 8-9, 12-2, 8-9
DuBois Mary, 192 Hamilton, 11-2, 7-8
Elmendorf G. E. Coeymans Hollow
Featherstonbaugh J. D. 3 Summit, Cohoes, 2-3, 7-8
Fegan Daniel, 319 Central av.
Fennely P. E. 79 Broadway, West Troy, 10-12, 4-5
Fisk Frank H. 72 Hudson av. 7-9, 1-3, 7-9
Fleischman D. 145 Hudson av. 8-10, 2-3½, 7-8
Fowler Amos, 29 Second, 7-9, 1-3, 7-9
Fowler W. H. 29 Second, 8-9, 1-3, 6-8; 387 State, 10-11, 3-4
Fredenburgh B. B. Coeymans
Freeman S. H. 77 Columbia, c. Chapel, 8-9, 1-2, 6-7
Geoghan William, 125 Grand, 8-9, 1-3, 6-8
Gould J. W. Cherry Hill, S. Pearl, 8-9, 2-3, 7-8
Graveline L. C. B. 119 Green, 8-9, 1-3, 7-9
Halles William Jr. 197 Hamilton, before 9, 1-2, 6-7½
Hale Lorenzo, 194 Clinton av. 8-9, 2-3, 6-7
Hall John E. Green Island, till 9½, 1-3, 6-7
Haskell H. M. Second, Bath, 8-9, 12-2, 7-9
Haynes J. U. 76 Remsen, Cohoes, 8-9, 12-2, 6½-9
Hays William N, 650 Central av. 8-10, 1-3, 7-9
Healey James C. 46 Rensselaer, 8-9, 1-3, 6-8
Helme Thomas, McKownville, 8-10, 7-8
Huested Alfred B. 77 Eagle, c. Hudson av.
Hun Henry, 33 Elk, 8-9½, 2-3, 7-8
Hun Thomas, 33 Elk
Keegan P. J. 139 North Pearl, 7-9, 12-2, 6-8
Kilbourne Albert W. 792 Broadway, 8-9, 2-3, 7-9
La Moure U. B. 90 Hudson av. 8-9, 2-3, 7-9
Lewi Joseph, 94 Westerlo, 8-9, 2-3, 6-8
Lewi Maurice J. 54 Eagle, c. Lancaster, 8½-9½, 1½-3, 6½-8½
Lyon Geo. E. 494 Croton, West Troy, 8-10, 5-7
March Henry, 221 State, 9-10, 2-3, 6-8
McAllister John J. D. 98 Arch, 8-9, 12-3, 6-8
McNaughton Henry G. 89 Hawk, 7-11, 6-7
Mereness H. E. 712 Broadway, 8-9, 1-3, 6-8
Merrill C S. 23 Washington av. 12-4, 6-7
Merrington Frank J. 236 Clinton av. 9-10, 2-3, 7-8
Miller Howard, 85 Jefferson, 8-10, 1-3, 6-8
Monro Nelson, Swan, c. George, Green Is-Island, 7-9,1-3,7-8
Moore J. W. 92 & 94 Mohawk, Cohoes, 8-9, 1-3, 7-9
Morrow Samuel R. 59 Hawk, 8-9, 2-3, 6-8
Mosher C. D. 351 South Peal, 2-4 P. M.
Mosher Frank G. Coeymans, 8-10,7-8
Mosher J. S. 3 Lancaster, 8-9, 2-3, 6-7
Munson George S. 47 Eagle, 9-12. 2-4
Murphy P. M 442 Broadway
Murray William H. 269 Lark, 8-9, 1-3, 6-7½
Myers John J. 920 Broadway
Nellis T. W. 81 Hudson av. 8½-10, 1-3, 6-8
Nellis W. J. 81 Hudson av. 8½-10, 1-3, 6-8
Newcomb G. H. 94 Chestnut, 7-9, 1-2, 6-8
O'Leary D. V. 69 South Ferry, 8-9, 1-3, 7-9
Paine H S. 105 State. 8-9, 1-3, 7-8
Papen G. W. 89 Schuyler, 8-9, 1-4, 8-9
Peltier G. Upton, Cohoes, till 9, 12-2, 5-8
Perry T. Kirk, 174 Second, 8½-9½, 2-3, 6-8
Peters Frank, 21 Seneca, Cohoes, 8-9, 1-2, 6-8
Peters Samuel, 21 Seneca, Cohoes, 8-9, 1-2, 6-8
Porter Charles H. 55 Eagle, 8-9, 2-3, 7-8
Purple W. L. 46 Second, 9-10, 12-2, 6-8
Reynolds W. H. T. 24 Hawk, 8-9, 1-3, 7-8
Riley Joseph W. 689 Broadway, 8-9, 2-3, 7-8
Ritzman Otto, 200 Lark, c. Spring, 8-9, 1-3, 6-8
Rossman J. B. 72 Madison av. 10-12, 3-6, 8-10
Ronchel Laurentine, 31 Ten Broeck, 10-12, 2-4, 7-8
Sabin R. H. 245 Broadway, West Troy, 7-8½, 12-2, 6-7
Sabin William B. West Troy, 7-8½, 12-2, 6-7
Scattergood C. F. 10 Bleecker place.
Schutter Wm. L. 28 N. Knox, 8-9, 2-3, 6-8
Scofield Walter W. Albany Hospital
Seger C. E. Adams Station, 8-9, 1-2, 6-7
Shanks Seth G. 547 Clinton av. 8-10, 1-3, 7-8
Shiland A. 251 Broadway, West Troy, 8-9, 2-3, 7-8
Shiland J. C. 251 Broadway, West Troy, 8-9, 2-3, 7-8
Smith Charles H. 246 Washington av. 8-10, 1-3, 5-7
Snow N. L. 170 State, 8-9, 2½-3½, 6-8
Staats Charles P. 201 Madison av.

Starkweather R. H. 200 Central av. 8-9, 2-3, 7
Steenberg B. U. 1 Chapel, c. Clinton av. 8-9, 1-3, 6-8
Steenberg H. W. 24 George, Green Is'd, 7-9, 1-3, 6-8
Stonehouse Jno. Ben. 5 High, 9-10, 1-3, 6-8
Swinburne John, 57 Eagle, 8-10, 2-4
Ten Eyck A. P. Defreestville, Rens. Co. 7-9, 1-3, 6-8
Thompson John, 5 Canal, 8-9½, 1-2½, 6-8
Townsend Franklin Jr. 188 State, 9½-10½, 2½-3½, 8-9
Trego T. M. 7 Ten Broeck, 8-9½, 2-3, 7
Tucker Willis G. 4 Lancaster, 2-6 P. M.
Ullman G. L. 71 Central av. 8-9, 2-3, 6-7
Ullman S. E. 145 Central av. 8-9, 1-3, 6-8
Vander Poel S. O. Jr. 294 State, 9-10½, 2½-3½, 7-8½
Van Derveer Albert, 28 Eagle, 8-9, 2-3, 7-8
Van Slyke E. 320 South Pearl, 8-9, 2-3, 6½-8
VanVranken A. T. 31 Union, West Troy, 8-10, 1-3, 6-8
Wade E. M. Watervliet Centre, 7-9, 3-5, 7-9
Ward S. B. 135 North Pearl, 8-10, 2-3, 6-7
Weidman Felix, Westerlo, 7-10, 6-9
Winne L. B. 72 Livingston av. 8½-10, 1½-3, 6½-8
Witbeck C. E. 20 Seneca, Cohoes, 8-9, 1-3, 7-9
Woodward Harriet A. 6 Kenmore place, 8-9, 2-5, 6-7

The following have during the year gone by become non-resident members:

Casler A. P. Herkimer, N. Y.
Clarke O. H. E. Fargo.
Collier P. B. Europe
Featherstonhaugh Thos. 33 West 33d St. N. Y. city
Greene C. W.
Hoit L. B. 117 Penn av. Pittsburgh, Pa.
Huddleston Chas. F.
Hyland T. G. Amsterdam
Lockwood John T. Friendship, Alleghany Co.
Peck M R. C. Emigrants' Hospital, Ward's Island
Stevens Geo. T. 33 West 33d St. N. Y. city
Tefft Edwin B. New Rochelle, N. Y.
Vander Poel S. O. 36 West 39th St. N. Y. city
White John J. N. Y. city
Worden T. D. Saratoga, N. Y.

MEDICAL SOCIETY OF THE COUNTY OF ALBANY—OFFICERS AND COMMITTEES, 1883.

Annual meeting, second Tuesday in October. Semi-annual meeting, second Tuesday in May. Stated meetings are held semi-monthly, at Alumni Hall, Albany Medical College, from October to May.

NORMAN L. SNOW, M.D.,	President.
DANIEL C. CASE, M.D.,	Vice-President.
MAURICE J. LEWI, M.D.,	Secretary.
THEODORE P. BAILEY, M.D.,	Treasurer.

CENSORS.—Drs. B. U. Steenberg, John M. Bigelow, Franklin Townsend, Jr., Harriet A. Woodward, John U. Haynes, the President and Vice-President, *ex-officio*.

DELEGATES TO THE MEDICAL SOCIETY OF THE STATE OF NEW YORK, 1881–1884.—Drs. J. D. Featherstonhaugh, Thomas Helme, J. W. Moore, Eugene Van Slyke.

COMMITTEES.—On Hygiene and the Relation of the Profession to the Public: Drs. F. C. Curtis, D. V. O'Leary, Lorenzo Hale, E. A. Bartlett, J. B. Stonehouse, J. U. Haynes, A. B. Huested. On Pathology: Drs. William Hailes, A. Van Derveer, J. S. Mosher, Henry Hun, S. G. Shanks, S. B. Ward, J. W. Moore, S. R. Morrow, G. S. Munson. On Registration: Drs. T. Kirk. Perry, Henry March, Thomas Helme. On Publication of the MEDICAL ANNALS: Drs. F. C. Curtis, A. Van Derveer, Lorenzo Hale, J. B. Stonehouse, W. G. Tucker.

THE

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CASE OF MULTIPLE SARCOMA OF SKIN, WITH SOME REMARKS CONCERNING THIS RARE AFFECTION.

BY FRANKLIN TOWNSEND, JR., M.D., ALBANY.

Some little time ago I had the pleasure of presenting the gentleman whose case I am about to cite before the members of the Medical Society of the County of Albany. I also took the opportunity of publishing a history of the same in the *Illustrated Journal of Medicine and Surgery* of New York, Vol. II., No. 2, for April, 1883, and from which I now take the liberty of quoting the following, with perhaps a few alterations:

Mr. X., an Irishman by birth, for many years a resident of this country, married and the father of seven children, all healthy. Is fifty years of age and by occupation a grocer. Family history good, his parents living to a late period, the father dying from an attack of pleurisy and the mother from "influenza." As to his past history, when nineteen years old patient contracted gonorrhœa; otherwise he gives no venereal history. He had always been in perfect health until the year 1848, when he had an attack of "inflammatory rheumatism of both ankles and hips;" had, also, a great deal of pain about his heart at this time, for which he was "cupped and blistered frequently." He was not wholly free from this illness for at least a year. Marrying in 1854, he continued well till 1858, when he was a second time afflicted with rheumatism (acute) of both ankles, this attack lasting but a short time. Five years later, or in 1863, patient suffered from malarial poisoning ("fever and ague"), from which he was not relieved for nearly four weeks,

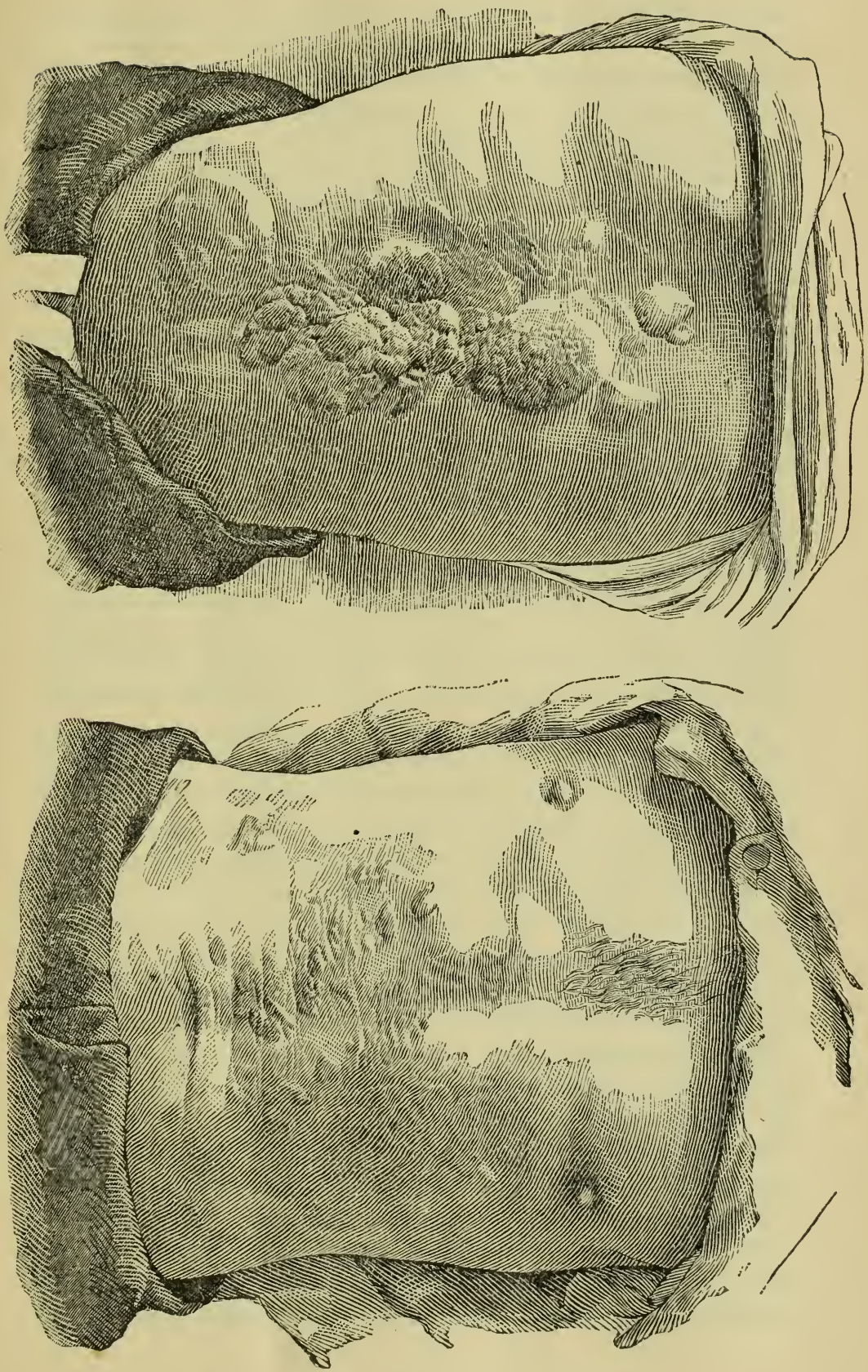
and after which he remained perfectly well for ten years. In 1873 he was "down again," suffering considerably from "internal piles," which were promptly operated on with entire success.

In the spring of 1874, the patient's attention was called to a breaking out upon his abdomen, especially over the right side, pimple like in form and not particularly marked. In from six to eight months the eruption spread to the right side of his abdomen; his back became soon involved by a similar process. The whole eruption he describes as never itching and also as being free from soreness. His habits at this time were not perfect, as he drank of malt liquors both frequently and freely.

From the commencement of his skin affection to date there has been a noticeable, though gradual, increase in its development, healthy portions of integument giving way before the spread of the disease, while the character of the growth has been more or less modified, and what once simulated a pimple-like eruption has begun to assume the proportions of tegumental tumors, enlarging in all directions. At no time has there been any discharge from the morbid parts, though patient believes a change has taken place as regards their color and consistence—namely, they have become darker and softer. Mr. X. also states that he never noticed any glandular enlargements about his body until November last (1882), when, after a severe fall upon the ice, he was astonished at feeling a swelling under his right arm, in the axilla, small at first, gradually increasing and becoming more painful. Three weeks later he appreciated a similar swelling in the left axillary region; this, though, was much smaller and not at all painful; besides, its growth was less rapid.

At the present time the patient's health is apparently excellent; no specific conditions observable; vegetative functions perfect; drinks of malt liquors moderately and systematically; smokes some, but not excessively; feels well, though he thinks that his physical vigor has somewhat failed him within the past few years. The following is the result of an examination made of patient's urine as passed for twenty-four hours on January 29 and 30, 1883: Specific gravity, 1022; color, dark yellow; odor, strong; reaction, acid; albumen, none; sugar, none; bile, none. Microscopical examination reveals urates, amorphous and of soda; casts, none; epithelium, from bladder; pus, none; blood, none.

The present appearance of the growth in Mr. X.'s case is nicely represented in the accompanying photo-engravings. It



CASE OF MULTIPLE SARCOMA OF SKIN.—DR. TOWNSEND.

will be noticed that the nodules and tubercles covering patient's back are of various sizes and shapes, beside being discrete and pigmented. Some are smooth and quite elastic, others firm and hard; a few seem to fluctuate, but no fluid can be withdrawn by the hypodermic exploring needle. Pressure produces no markedly painful impressions. There is no hemorrhage from their surfaces, nor are they ulcerated or broken down at any point. The same might be said with reference to the morbid processes covering his abdomen, with these exceptions, perhaps: First, that the nodules are smaller and smoother; second, they are less discrete; third, they are not so markedly colored, or pigmented; and, fourth, the disease is decidedly less advanced.

The axillary glandular enlargements, which have been referred to above, are, at the present time of writing, very striking, especially those in the right axillary space, the left being tolerably free. Under the right arm, in the axilla, is a glandular tumor quite as large as the adult fist, hard, nodular and freely movable, being in nowise adherent to the overlying skin. It is not tender when pressed, and simply annoys patient because of its size. The left axillary space contains an enlarged gland, possibly the size of a hen's egg, also freely movable, disconnected with the integument and free from pain or tenderness.

In a paper by Köbner, published in the *Archives f. Dermatologiæ und Syphilis*, 1869, Vol. III., page 369, the author speaks especially of the rarity of sarcoma cutis, and looks upon it almost as more an object of anatomical interest than of a true clinical study. He relates the histories of two cases, in the first of which sarcomata of the skin became developed in large numbers as secondary growths, probably from the lymphatic glands of the groin, while in the second case the general sarcomatous infection seemed to take its origin primarily in a "nevus" of the left forefinger, which had existed since childhood, and which became transformed into a pigmented spindle-celled growth. Hebra speaks of an "idiopathic multiple sarcoma," which has a typical character clinically, and which may readily be differentiated from those forms "which under all circumstances occur as consecutive 'metastatic' outbreaks, and accordingly may originate from the most various of primary deposits." Five cases are cited by this author as serving a basis for the establishment of *this* as a separate form of disease, the main features of which, as summed up, serve to give a clear and definite synopsis.

"Without any known general or local cause, nodules as large as a shot, pea or hazlenut, and of a bluish or brownish-red color, become developed in the skin. Their surface is smooth, their consistence firm, though somewhat elastic; sometimes they are expansile, like an erectile tumor. They are isolated, and, when increased in size, appear as globular prominences, or they form groups and then remain more flattened. In the latter case, the central nodules of the mass undergo involution and give rise to a dark pigmented depression. They *always* occur first on the sole and dorsum of the foot and soon afterward on the hands. They develop most abundantly on these parts, and are associated with a diffuse thickening of the skin and deformity of the hands and feet. In the further course of the disease, nodules, which are either isolated or arranged in groups, occur also on the arms, legs and face, but they are fewer in number and irregularly distributed. They may undergo atrophy and involution; also, at a late period only, do they become ulcerated and gangrenous. Finally similar nodules become developed in the mucous membrane of the larynx, trachea, stomach, intestines and liver, but most abundantly throughout the large intestine, as far as the anus." The termination of the disease, in the cases of Hebra's was fatal, as it usually is, the average lease of life, after the discovery of the ailment, extending over but a few years. The cases, also, as described, occurred in males over forty years old.

Besides these typical forms of general sarcomatosis of Hebra, there are certain sarcomata of the skin which appear as isolated growths, developed idiopathically, in all probability, and of exceeding rarity. An example of such may be found recorded by one Dr. Port, in the *Deutsch Archiv. fur Kliniche Med.*, Vol. XII., p. 134. Here the patient was a man thirty-six years of age, who came under the observation of Prof. Von Ziemssen. When five years old, he was said to have suffered from a general papular eruption, which gradually became squamous. At twenty he was thought to have ichthyosis; when thirty-two, the eruption would frequently exude a thin, watery material upon its surface. Six weeks prior to his coming under Ziemssen's care, "broad weeping condylomatous patches" made their appearance upon all parts of patient's body. These rapidly increased in size, the tumors of greatest proportions being situated upon the neck, above the clavicles, and on both anterior and posterior aspects of the trunk. His appetite remained good, and no lesion

of any of the various internal organs could be demonstrated. Four months after admission to the hospital patient's appetite began to fail, and he gradually sank and died after another month. Necropsy proved but little, as no lesions of any internal organs were noted; neither were there any enlargements or apparent disease of the lymphatic system. The growths or tumors of the skin were found to consist of cells of small size, varying very little from one another, not possessing any very definite characteristics or arrangement, and held together by a small amount of stroma. No fluid could be squeezed out from them. The small cells were larger than those ordinarily met with in granulating tissue. Patient's family history was good, there being no strumous or syphilitic taint observable in parents, who were living at the time.

Neuman, in his work on "Diseases of the Skin," remarks concerning sarcoma melanodes, that it is a form differing from ordinary sarcoma of the skin, in the presence of pigment. It is seen, he says, mostly in the shape of dark-colored, water-like structures, which frequently last for years without great extension; again, they may grow very rapidly, so that the patient dies in a short time with marasmic symptoms. On post-mortem section are to be found "melanotic sarcomatous deposits in the inner organs, especially in the liver and lungs."

In a terse little article on this subject, Duhring, of Philadelphia, comes to these conclusions, after apologizing for his lack of personal knowledge of the disease: (1) That it is exceedingly rare, a few cases only being on record; (2) the lymphatic vessels and glands are not [?] involved; (3) the disease occurs in both sexes, and generally toward middle age; (4) it is always malignant, proving fatal in the course of a few years.

These conclusions are more or less generally arrived at and influenced by the writings of Wigglesworth, as found in the *Archives of Dermatology*, Vol. II., No. 2.

Furthermore, Duhring says that these sarcomatous growths "may occur singly or in numbers, the latter course being the more usual, and may develop upon any portion of the body. They also manifest themselves, without regularity of distribution, either in the form of groups or as different tubercles and tumors." As to their histological elements, they may be formed of either small or large cells. In the case cited by Wigglesworth, the cutis was the portion mainly involved by the disease; here were

found large round cells with single granular nuclei, uniform in size, resembling the common leucocyte, though considerably larger and implanted in a "reticulated, delicate fibrous stroma, the meshes of which enclosed, as a rule, single cells."

Piffard, in his work on "Diseases of the Skin," makes no mention of this malady, but in his "Treatise on the Materia Medica and Therapeutics of the Skin," one of the "Wood's Library" volumes for 1881, he discusses this rare affection at length. His views are that the disease is characterized by the development of "softish tumors" bearing malignant elements. These growths may be pigmented or non-pigmented. His experience personally, like Duhring's, has been limited, only two cases of multiple pigmented sarcoma having come under his observation, both of which had fatal terminations, another case of the solitary pigmented form, beside three of the non-pigmented variety, making up the whole group upon which this author bases his practical knowledge. Speaking of the location as first occupied by the various forms of the disease, Dr. Piffard says: "Of the four cases of multiple sarcomata, in one the first lesion appeared on the foot, in another on the face, and in the remaining two the history seemed defective on this point." It might be said just here that Kaposi, of Vienna, in his writings upon this subject, states that these growths "always occur first in the region of the feet." In Wigglesworth's case, the lesion made its appearance first upon the abdomen. Of Piffard's remaining cases, the solitary pigmented growth was on the left forearm, while with the solitary non-pigmented variety of tumor, two were situated at the nape of the neck and one on the left temporal region.

On looking over Dr. L. D. Bulkley's little "Manual of Diseases of the Skin," it is found that the views of this author upon this interesting subject coincide in the main with those already given. He also finds sarcoma cutis to be an exceedingly rare disease, as proven by the statistics published by him in the *Archives of Dermatology*, Vol. III., No. 4, for October, 1882. Out of *three thousand* cases of all varieties of skin affections but three well-defined examples of this class were noticed. His description of the growth is not filled with prolixity, but conciseness and condensation seem to be his aim, as may be noticed from the following short paragraph as quoted from his work. He considers the growth as "consisting of a few or many well-defined, elastic tubercles or tumors, forming deep rounded

masses, with a tendency to reach the surface and ulcerate. The skin over them is, at first, of the normal color and somewhat moveable, but as they approach the surface it becomes adherent and reddened; or, if the sarcoma is of a pigmented variety, it acquires a bluish-black hue (sarcoma pigmentosum, or melanosies, the so-called lymphadenoma, mycosis fungoide, of the French. Prognosis fatal.

On looking up the subject in some of the various weekly and quarterly journals of the day I found in the *New York Medical Record*, Vol. XIX., No. 2, p. 302, the following case reported, as an abstract from the proceedings of the Clinical Society of Maryland, entitled "A Case of Supposed Multiple Sarcoma of the Skin," by Dr. A. F. Erich: The patient, a gentleman of seventy-two years, "exhibited a number of small, round, generally firm tumors scattered over the surface of the body. They had existed for from nine months to two years, the greater number for the shorter period. Most of them are moveable with the skin, some purplish. There is no difficulty in removing them on dividing the skin overlying them; but in the case of two, removed by another physician before the case came under Dr. Erich's care, a fungoid mass sprang up in the site they had occupied." Some discussion followed the reading of this paper, which I scarcely deem it necessary to reiterate, especially as the remarks were foreign to the subject, and therefore as data are of but little scientific value.

In a paper read before the American Dermatological Association, at their meeting in Newport, R. I., August 31, 1880, and printed in abstract in the *Archives of Dermatology*, Philadelphia, October, 1880, on "Tumors of the Skin," Heitzmann, of New York, makes the following classification of myeloma (sarcoma): (1) Globo-myeloma; (2) spindle myeloma, both of infrequent occurrence, fibro-myeloma appearing usually in this situation and rarely as a pigmented melanotic myeloma. These growths originate in nodules of the skin, at times accompanied by inflammatory symptoms, and are malignant, as proven (1) by their rapidly increasing size; (2) by new formations of nodules in close proximity or near the original tumor; (3) by their tendency to recur after extirpation.

The vascular supply to myelomata is at times abundant, occasionally scanty. Again, these growths are found to multiply rapidly in the subcutaneous tissue all over the body; and some

may, after reaching a certain size, disappear, while new nodules may form in other localities. The melanotic variety, to quote this author, "usually starts in the skin of the hands and the feet, and in a comparatively short time invades large portions of the surface of the body, and never admits of a cure. After extirpation many of these tumors recur with great obstinacy in the scar or in its vicinity, and prove more malignant with each reappearance, until at last an operation becomes impossible."

Regarding the pathology, as is well known, the celebrated Cohnheim maintains the proposition that all tumors are the outcome of awakened growth of embryonic rudiments which have long lain latent in the midst of mature tissues, rejecting entirely the hypothesis that these last may give rise to tumors by reversion from their adult to an embryonic condition. The blood-forming function of the mesoblast ceases in the embryonic period, and to its reawakening in post-embryonic life is assignable the commencement of sarcomatous growths. According to one Creighton, in an article published in the *Journal of Anatomy and Physiology*, of London, Vol., XIV., p. 392, for 1879, these neoplasms start, not from a material quantity of embryonic tissue, but "are the product of a force that fashions embryonic tissue out of the ordinary cells of the body." Here, indeed, do we meet at the outset a marked diversity and antagonism of opinion, and as Billroth truly says: "Over no group of tumors has there so long been uncertainty about their anatomical position and extent as about sarcoma." This author's definition is thus formulated: "A sarcoma is a tumor consisting of tissue belonging to the developmental series of connective tissue substances (connective tissue, cartilage, bone), muscles and nerves, which, as a rule, does not go on to the formation of a perfect tissue, but to peculiar degenerations of the developmental forms." With reference to the pigmentary form of this disease, he says that "all these names (as pigmentary sarcoma, melanotic sarcoma and melanoma) indicate pigment formation in sarcoma. This pigment, which is usually granular, rarely diffuse, is brown or black, lies always in the cells, rarely in the intercelinlar substance. Part or the whole of the tumor may be faintly or distinctly black. Any of the above forms of sarcoma may occasionally be pigmented, but I have most frequently found this to be the case in the last form and in the spindle-celled sarcoma. Melanomata develop most frequently in the cutis, especially of the foot and hand, but also on the head, neck and trunk."

To Virchow are we indebted for a very exact knowledge of the special pathological characters entering into sarcomatous growths. Indeed, it was he who first determined them and gave to the scientific world the theme of their structure, as being composed of connective tissue in an embryonal or medullary condition, without epithelial elements, thus sharply drawing the border line between these tumors and cancer. These views have been corroborated in all later researches, the word "sarcoma" being at times objected to, and instead "myeloma" substituted, as may be noticed in C. Heitzmann's late work on "Microscopical Morphology" for this year. Here likewise the classification of these growths is somewhat different.

As we saw when quoting from this author's article on "Tumors of the Skin," fibro-myeloma was the form which most frequently invaded the derma, the pigmented variety of the disease being especially rare. Now, this fibro-myeloma is nothing more or less than the "recurrent fibroma" or the "fibro-plastic tumor" of more ancient literature, and consists of bundles of fibrous connective tissue, in the interstices of which are to be found globular elements. The coloring which at times is found is merely an incidental feature of all myelomata. In fact, as Heitzmann remarks, "Any myeloma, including the alveolar myeloma (after Billroth), may be the seat of a more or less abundant formation of pigment, and is then termed melanotic myeloma." The malignity of all such tumors is greatly enhanced by the quantity of the pigment presented in each individual case. Formerly the origin of the pigment was ascribed to "extravasated blood." Lately a theory has arisen that in such tumors (pigmented myelomata) "a very profuse new formation of living matter takes place, which causes the production of numerous hæmatoblasts, which, in their earlier stages of formation, for reasons unknown, are supplied with the coloring matter of the blood." At all events, it is supposed that from these hæmatoblasts the pigment takes its origin; possibly, also, they (the hæmatoblasts) take part in the elementary framework of the growth itself.

Unfortunately I am unable to give any description of the histological elements entering into the composition of the tumors in the case cited, as objections were made to the removal of any part for purposes even of scientific search. The gross appearance of the growths has already been described. Another point of interest, not altogether unattended by difficulties of a more

or less perplexing nature, connected with this form of disease of the skin, is the diagnosis, which I think can only properly and thoroughly be made by employing the usual methods of differentiation; but time and space scarcely admit of my entering into this part of the subject. Suffice, therefore, to say that the maladies most readily confounded with sarcoma cutis are tubercular as well as gummy syphilitic deposits, carcinoma in its various forms, molluscum fibrosum, leprosy, lymphadenoma cutis, lupus and possibly lipomata.

As to treatment, nothing seems to avail, as the disease is progressive from its beginning, resisting all attempted barriers, both hygienic and medicinal.

An exception might possibly be made to the above statement, since the publication of Prof. Köbner's cure of a general sarcomatosis, by the frequent use of hypodermic injection of the officinal liquor arsenite of potash. The patient was a child eight and a half years old, of delicate build, and whose health generally had been miserable for several years. Two years ago, 1881, sarcomatosis of the skin developed, which gradually spread until almost the entire cutaneous surface became involved by the disease. Injections, hypodermically, of Fowler's solution in distilled water were resorted to, the proportion being one of the arsenical solution to two of distilled water, from two and a half to four drops of the former being used at each injection, which usually were confined to the gluteal region, deeply penetrating the gluteal muscles; at times the solution was thrown into the stroma of some of the larger tumors. After a lapse of three months, injections having been made representing the use of two drachms of Fowler's solution, the growths were considerably decreased in size, some having entirely disappeared, leaving behind simply brownish cicatrices. By cautiously increasing the strength of the solution used for injections (equal parts of the arsenical solution with distilled water) it was found that in forty days four drachms of the liquor arsenite of potash had been given, with marked and progressive amelioration of the symptoms, the lymphatic glands being greatly reduced in size, while the liver and spleen, which were previously enlarged, returned to normal dimensions. From this time the quantity of arsenic was reduced gradually, and in one year from the commencement of the treatment only cicatrices remained to show the sites formerly occupied by some of the larger growths.

SYPHILITIC SORE THROAT.

BY J. W. MOORE, M.D., COHOES.

In consequence of syphilis being a disease of such vast extent and of such remorseless influence upon physiological and pathological conditions generally, it is not strange that all cases of growths, inflammations or ulcerations in larynx met in syphilitic individuals should be looked upon with suspicion, when the history of the case is at all clear. In large communities syphilitic sore throat is very common, not as a primary affection, but a symptomatic manifestation of a constitutional poisoning. Of course, we meet with chancres upon the lips and tongue, the result of direct contact, but what I purpose to speak of is a condition of the pharynx which is secondary to a primary affection, the result of, not the cause of, so much havoc that makes life in so many cases miserable and death often preferable.

Pharyngeal syphilis of the secondary stage may present itself under the form of an erythema or mucous tubercles (condylomata). The first symptoms are an ordinary sore throat, dryness of the fauces, with pain in swallowing. The throat, including the palate, pillars of the fauces, and tonsils present a uniform red appearance, but, unlike an ordinary sore throat from cold, the erythematous inflammation is limited by well defined margins to certain portions of the pharynx, with symmetrical arrangement. There is no fading of the redness into adjacent healthy tissues, but it has a distinct line of demarcation. The follicular glands of the palate and uvula become enlarged, and the uvula often becomes œdematous; and, should the disease be not arrested, these inflamed follicles ulcerate, running into each other, sometimes rapidly extending to the gums, tongue and not infrequently to the epiglottis. Erythema of the pharynx is a very common secondary manifestation of syphilis. Mucous patches are common, and are found on the pillars of the fauces and veil of palate. These often change to shallow ulcerations, and often pass away without treatment in course of five or six weeks. Syphilitic papulæ of the skin usually accompany mucous patches. In advanced stages of secondary syphilis tumors of the pharynx are amongst the characteristics, and they are found upon the

mucous membrane of the posterior wall of the pharynx and sometimes on the tonsils.

Now, in hospital or good clinical practice, it is a comparatively easy matter to obtain a true syphilitic history, as patients who seek relief at public institutions are generally charity patients, and are more than willing to give a true and faithful account of their previous history, in order that they may receive prompt and speedy relief; and, though the patient in private practice is equally anxious to be cured of his disease, yet he wants, in a good many instances, to take the chances that the doctor may cure his disease without being too inquisitive concerning his habits or indulgences. Some of these people occupy good positions in society and in the church, and are looked upon by the respectable portion of the community as persons above reproach. They would not for the world have the slightest insinuation cast that they were any thing but chaste and pure, yet they are human and likely to err. I have on several occasions recognized true syphilis of the nose and pharynx, as well as the larynx, and treated my patients specifically and successfully without even inquiring into the previous history.

A person applying for treatment with an inflamed throat, the inflammation presenting a uniform red appearance, and if this is followed in a few days by an erythema showing a decided tendency to limit itself by abrupt terminations not fading away into the adjacent tissue, and these symptoms not preceded by or accompanied with a severe cold, and not yielding to ordinary treatment which would be successful in case of sore throat resulting from cold, then, I think, we are perfectly justified in going "back of the returns" and looking for a specific blood poisoning. I am only speaking now of the first secondary symptoms which we are every day likely to see. When the later symptoms occur, such as the mucous patches, with their accompanying broad condylamata, ulcerations and accompanied skin manifestations, then we may put the question direct to our patient, "Have you ever had syphilis?" without being afraid of a resentful reply. In being forewarned we are forearmed.

It is not my object to enter into a disquisition upon any particular syphilitic throat affection, nor to speak of the ravages syphilis sometimes makes in the nose and larynx, but simply to speak of a sore throat we are all liable to meet, and are often baffled to treat successfully, for the reason we either take it for

granted our patient has an obstinate throat affection which resists treatment or are timid in getting at the root of the thing by asking questions directly. As I said before, if the patient is a syphilitic suspect, treat him accordingly, whether he will acknowledge the cause or not; but, when we are satisfied in our own minds from the presenting symptoms, then we can present the case more forcibly to our patient, with expectation of acquiescence on his part in giving us the history and with a good prospect for relief. I believe, in a great many instances, if secondary syphilis is taken in time and proper treatment applied, the tertiary stage may be prevented. There are numbers of cases on record where, in acquired syphilis, the whole of the tertiary stage was absent, and the persons have lived for years without another symptom, raising healthy children and themselves, to all appearances, well. For this reason I think it our duty to pay rigid attention to these throat affections, particularly those which present the symptoms I have already described and occurring in subjects who give us an unsatisfactory history, that we, by judicious treatment, may, in a measure, prevent some of the horrors of that dire disease.

I have only spoken of secondary syphilis of the pharynx. I might continue the subject into the nose and larynx, but time will not permit. Suffice it is to say that when we have the pharyngeal affection the nose and larynx will soon take on the same unless the disease is arrested.

The prognosis is favorable in most cases when recognized and treated at an early period, but the chances of later manifestations must always be looked upon with apprehension. The lesions of tertiary syphilis, with their accompanying extensive ulcerations, producing caries of the neighboring bones, with sometimes destructive ulceration of the coats of large blood vessels, I will not consider in this connection, but will simply make a few statements concerning the treatment of the early stages of this disease, with a view of preventing, or at least ameliorating, the dangers of possible subsequent symptoms. The treatment is simple, though the local disease be quite severe, providing the constitution is not broken down.

Spraying every day with some astringent solution, such as zinci chlorid. grs. xx. ad ℥ i., or cupri sulph. grs. xx. ad ℥ i., or carbolic acid in solution with chlor. potassa I find very serviceable. The local application of a solution of iodine, grs. ii. ad ℥ i.,

with grs. ii. of iodide of potassium, is an excellent remedy applied with absorbent cotton on a sponge holder. I treat the mucous patches with a mixture of iodine, glycerine and carbolic acid. If not yielding to this, then local swabbing with a solution of the acid nitrate of mercury, say of four parts to ten of water. When the mucous patches do exist, they are generally accompanied by the syphilitic papulæ. In this condition I always give mercury in the form of the bichloride combined with extract conium. Though Mackenzie says the "non-use of mercury does not probably increase the risk of the further development of the disease," yet it can do no harm, and, in my experience, its administration in most cases is followed by good results. In debilitated constitutions, of course, the general health must be looked after.

During treatment I advise my patients to abstain entirely from alcoholic stimulants and smoking. Neither do I make any application which contains alcohol. Even iodine I use in solution with water, aided by a little iodide of potassium, instead of the tincture. I don't know why, but my experience is that all alcoholic applications tend to increase rather than to allay pharyngeal irritation.

To DEODRIZE iodoform several methods are proposed. One is, powder and mix well one part with two of carbolic acid. No change takes place, but the drug is very considerably marked by the carbolic acid. Another is to powder and mix intimately one hundred parts of iodoform with five parts of oil of peppermint, two each of oil of lemon and tincture of benzoin and one each oil of neroli and acetic acid; keep in a well-stopped flask for two days over a water bath at 120° to 140°. It has a pleasant odor of eau de cologne. A third, camphor five parts, charcoal ten parts and iodoform fifteen parts. These are used by Dr. Gillette at the Bicetre Hospital.—*St. Louis Druggist.*

AS A TEST for albumen, claimed by the author to be very delicate, A. H. Hulsam, in the *Chemical News*, proposes this: To the urine in the test tube add a few drops of a solution of salt, and then pour carefully down the tube, to form a layer, a solution of chloride of iron, a whitish precipitate forming if albumen be present. The urine should be acidulated with acetic acid if phosphates are present.

THE MEDICAL ANNALS.

A Journal of the Medical Society of the County of Albany.

EDITORIAL COMMITTEE:

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VOL. IV. JULY, 1883. No. 7.

——A COMMON tendency now seems towards making mental and moral phenomena depend upon physical conditions, and towards tracing aberrations of them to departures from the physical normal. In one of its phases an esteemed contributor to a recent number of THE ANNALS argues strongly, as he has frequently elsewhere, in this direction, in an article upon inebriety as a physical disease. The present writer in not presuming upon information that comes from extended reading on this subject, but whose intuitions and habits of thought make him hesitate to follow out what seems inevitable from such premises if carried fully to legitimate conclusions, doubtless represents a large class. They seem to go in the same direction as the so-called advanced thought of materialistic science. It is a common mistake that science can only deal with the material, and that medical science can handle nothing that is intangible. There is no more fatal error for a physician or any other influential, thinking man in the community to make than to fail to recognize that there is such a thing as a free will, a dominant force over the material tissues, an autocratic principle which, apart from gross disease, maintains its rule. There is a philosophy that fails to allow this, it is true, but it is as destructive, if allowed, in physics as in morals. Admit, with Karl Vogt, this—"At no moment are we our own masters, any more than we can decree as to the secretions of our kidneys"—agree with him as a fundamental theory that there is no free will nor responsibility such as morals and penal justice would impose, and manifestly you at once destroy all discipline and obedience, all attempt to resist vice, all

that develops strength of character. A man who admits such a philosophy must by logical deduction degenerate into a slave to caprice and impulse, and, as is said editorially in a recent number of the *Century*, on this very subject, "There is no baser servitude than that of a man whose caprices are his masters, and a nation composed of such men could not long preserve its liberties. * * * A doctrine that denies free will, and makes of man only a bundle of appetites and impulses and propensities whose law is in themselves, destroys not only religion and morality, it destroys also the foundations of education, and makes discipline a solecism."

Just as pertinent is the bearing of this philosophy in medicine as in morals. If a man yields to his appetites, we would be told that he is not only justified morally, but must be assumed to be physically, for either they are created with him or have come to be a part of him in the course of his existence, and to gratify them is only a law of his being. There appear to be those who have the courage to actually formulate such a doctrine, for we find quoted by the writer from whom the last extract was noted the following words of Moleschott: "Sin lies in the unnatural and not in the will to do evil. Speech and style, good and bad actions, courage, half-heartedness and treachery [and he would doubtless consent to add inebriety, and perhaps the advocates of the disease theory of inebriety would accept this formula] are all natural phenomena, and all of them stand in a direct relation to indispensable causes as their natural consequences, just as much as the revolution of the globe." Surely such a statement, made with such frankness, is its own refutation to every healthy mind. We physicians find poor, besotted creatures who attempt to shield themselves behind such theories from the moral turpitude of their condition, but we never doubt that it is because they have fallen from the estate of manhood that they make the plea. And if they drink "because they cannot help it," and are satisfied with the fallacy that they are not responsible for their actions, it is because they have sold their birth-right, and have done it by their own free will. Perhaps it is to be allowed that there are dipsomaniacs, as there are kleptomaniacs — persons with unsettled reason whose mental aberration takes this form, and in whom will power is unequal to the impulse, and may be said not to enter into the question. The existence of this class may be allowed, but they can be recognized as distinct. Here are

two classes, the dipsomaniac and the confirmed sot, who may be covered by the disease theory of inebriety; the one an original diseased condition, the other an acquired one, and the nutritional changes established, if they be, as the result of a vicious habit set up by his own responsible act. But the broad statement that inebriety is a disease seems most pernicious. It is no more a disease than theft or arson or idleness. To establish such a doctrine could only result in evil; for, if it were possible for men to believe it, encouragement to cultivate a strong discipline essential to resist the inclination to yield to it would be at an end, and attempts to cure inebriety, which lie largely in the same direction, doubtless even with advocates of the theory, would be futile. It is more wholesome in every way, of the two, to call the vicious habit a vice. And while we have read with interest the views of the superintendent of Walnut Lodge, as doubtless all our readers have, we are yet to be convinced that his summed up conclusions are correct. Better to punish the vice than to "coddle" it as an invalidism.

——The cholera warning should be heeded by all physicians, and no less by those of Albany. All familiar with our medical history and biography recall the impression made here when in 1832 it descended upon this city from Quebec. It is the part of wisdom to be prepared. The possibilities of an outbreak in this country during the early fall are just as threatening as they were in 1865, during two months of which year 80,000 lives were lost by it in lower Egypt. Now is the time to make preparation, and that consists, so far as we are concerned, in removal of all conditions favoring the lodgement of the poison. Filthiness is about as necessary for its propagation as the contagion itself, and we no more agree with the recent expression of a leading medical journal deprecating so much trust to cleanliness as tending to depreciate the value of quarantine, than with a late contributor to another journal who utterly ignores the contagion element of the epidemic and belittles the need of quarantine in the earnestness of his attention to the filth factor. As to quarantine, the authorities will attend to that. It is our part to destroy, so far as we can, the local conditions of danger by all our influence, and then to give careful heed to all cases of diarrhœal disease that may occur.

——Dr. James Spencer Bailey was born February 25, 1830, in Bethlehem, Albany county, N. Y. He was the youngest of a family of several children, one of whom is Dr. William H. Bailey, of Albany, and another the wife, now deceased, of a physician, Dr. D. S. Thomas, of Alabama. His father was Dr. Solomon Bailey, a practitioner of medicine for a large part of his lifetime in Bethlehem, a few miles south of Albany, a well informed man and a most worthy citizen. Both his parents were natives of Columbia county, and were of English descent principally. Dr. Solomon Bailey was born in Chatham, and studied medicine with Drs. McClellan and Low, two of the early members of the Albany County Medical Society. His first years of practice were in Schodack, where he met and married his wife, Johanna Babcock, who died but a few years since, a woman of much force of character, and to whom great credit is due for the careful rearing of her family left to her charge upon the death of her husband, at a somewhat early age, in 1839.

The son who forms the subject of this sketch was at the time of his father's death about ten years old. Not long after this event the family removed to this city, where they remained for three years. His early education was begun here, and carried on in Utica, where they then went, and pursued to completion at Cazenovia Seminary by an attendance there of two years. He followed it by a year of school teaching, joining his brother William for this purpose at Cusseta, Alabama.

He returned to the North in 1850 to begin the study of medicine in Albany, a student of Dr. John Swinburne, and graduated from the Albany Medical College in 1853. The same year he was married to Miss Fanny J. Keith, of Augusta, Ga., and began medical practice with his brother-in-law, Dr. Thomas, at Cusseta, Ala. After six years he went to Mobile, and not long after to Hempstead, Texas, where he spent a number of the most active years of his professional life, speedily acquiring an extensive but arduous practice, especially from an impulse of success in the yellow fever epidemic there in 1860. One of his best papers was on the subject of this disease. Being in a sparsely settled country and his practice extending over a radius of twenty-five miles, he was compelled to work early and late, and no doubt from his exposure began the foundation of the heart disease which was the subsequent cause of his death. His practice was general, and it is worthy of note that he once performed the

operation of ovariotomy with successful result. Texas, with the rest of the southern states, seceding from the Union, and his family and all his interests being there, he, by force of circumstances, was compelled to enlist in the confederate army, being detained as a surgeon. He remained, however, for only about one year in service. He returned to Albany after the close of the war, and, listening to the persuasions of his friends, decided to stay, and soon with his family settled here, and here he remained until his death, which occurred July 1, 1883, at the age of fifty-three. His wife and children, four in number, survive him, one of them being Dr. Theodore P. Bailey, now a practitioner of medicine in this city. The cause of his death was organic disease of the heart. He was conscious of its existence for years, but experienced little inconvenience until last fall, when he fell in attempting to leave a moving train with some force. He attributed, no doubt correctly, his symptoms to strain of the weakened organ induced by this fall, since when he has gradually failed, with the ordinary symptoms of heart lesion.

In 1869 Dr. Bailey had conferred on him the honorary degree of Doctor of Medicine by Soulé University, of Galveston, Texas. He was also honored by Hamilton College, in 1874, with the degree of Master of Arts. He joined the Albany County Medical Society in 1867, and from the first took an active interest in it, attending its meetings constantly and taking part freely in its literary and scientific work. In 1874 he was made president of the society, and in 1868 was elected a delegate to the State Society, of which he became a permanent member in 1874. He was a member of the American Medical Association and also a corresponding member of the Medico-Legal Society. He took a keen interest in natural history, and was especially enthusiastic in entomology; his collection of insects was valuable, and he was in correspondence with many prominent students of this branch of science, and was a member of a number of societies devoted to it, among others the Entomologischer Verein, of Stettin, Germany.

Besides being an extensive writer on this subject, he has been a considerable contributor to medical literature, principally in papers and reports of cases of which this society has had much of the benefit. He was the principal editor and compiler of the second volume of the Albany County Medical Society Transactions.

Dr. Bailey's position in the profession was good. As we have known him in the last fifteen years of his life it has been at the height of his experience. He was a physician who trusted largely to his own store of accumulated personal experience. His life afforded a large mass of this. Such men learn that invaluable lesson, instinctively, of careful observation. It may be said, too, that they digest well the material thus ingested; there is little crude, waste matter of knowledge, out of place when wanted. He was a self-reliant physician, seldom lacking confidence in his own settled opinion. He had a manner also that was very agreeable, courteous and sympathetic—one that served well in the sick-room and endeared him to his patients—the more as it was hearty and not assumed. He had a commanding presence that inspired confidence in the sick and contributed to the influence and control that is important in the relation of the physician to his patient.

Dr. Bailey had to a rare degree the admirable enthusiasm for his professional work, traditions and history. He had a mind above the question of meney getting, and loved to work in those things which inform the mind, which develop the orderly beauty of nature in its handiwork and those which perpetuate the details that go to make up history.

He was an industrious man, filling in the intervals of routine professional work with interested study in natural science, which he specially loved, or in gathering into form the various material that came to his observation.

He was a very social man, he was a man of kindly, genial nature, and he was more than all a most devoted friend, always ready to put himself at the service with all his heart of those he held in warm regard. While he had no open church connection, he had religious convictions, to which he gave more emphatic utterance as his attention was called to the great mystery of the hereafter by the inevitable approach of the end of life, which he very clearly and unmistakably foresaw.

It is not a commonplace man that has gone from the roll of our active membership, but one who was larger than the ordinary—larger not only in mental capacity, but also in worthy ambitions, in appreciating the things that are worth living for, and in kindly regard for his fellow-men.

——Frank S. Peters, M.D., son of Dr. Samuel Peters, of Cohoes, was born at Crescent, Saratoga county, N. Y., November

27, 1853. He received a classical education at the Half Moon Academy, and was a bright, ambitious student. Following in his father's footsteps, he began the study of medicine under his tuition a year previous to his entering college. He went to Buffalo, N. Y., to continue his studies under the direction of Prof. Minor, of the Buffalo Medical College, and entered the college that year, remaining there during the term. He then went to Albany and entered Prof. Armsby's office, finally graduating from the Albany Medical College December 22, 1874. The same year he started for Harvard, with the intention of taking a degree, but after remaining there for a short time concluded to return home, where he began the practice of medicine with his father, and on the 10th of October, 1876, he was married to Miss Nellie Valley, an estimable and scholarly lady of Cohoes. In 1880 he was appointed police surgeon of Cohoes, in which capacity he remained until his death. He became a member of this society in 1882. He was also a member of the Mystic Club of Cohoes.

One year ago last May, while putting up in his house a hammock for his only child, a daughter four years old, after getting it in position, to test it before allowing the child to use it, lying in it on his back, the fastenings gave away, precipitating him to the floor, hurting him severely over the sacrum. The injury was regarded as slight, but there developed, as was believed by eminent council whom he consulted, myelitis, which resulted in his death, June 28, 1883.

He was a young man of affable manner, and had many friends. He was affectionate as a husband and father and a careful, judicious physician. At a meeting held for the purpose by the Society, expression was given to the regret caused by his untimely death. J. W. M.

——We have received a catalogue of the late Dr. H. R. Haskin's library, which is for sale. The date of each volume is given and also the price fixed by an appraiser who is familiar with values of such books and at which price they will probably be sold. The library contains about six hundred volumes, mostly modern. It is particularly rich in surgical and anatomical works, subjects in which Dr. Haskins was especially proficient. The library is probably to be found at his late residence, and no doubt those out of town desiring a catalogue will receive one by addressing a note to 689 Broadway.

——Indoors and Outdoors is the title of a newly started monthly journal, issued as the official organ of the National Association for Sanitary and Rural Improvement, of which the Hon. Erastus Brooks, a prominent member of the State Board of Health, is president. It is edited by Charles F. Wingate and John Y. Cuyler, and intended, as its prospectus states, for householders and for the purpose of sanitary aggitation and information. Being somewhat missionary in its object, it is issued at the small rate of fifty cents a year, but is very attractively gotten up. The first number consists of sixteen quarto pages, and contains articles on "Rural Improvement Associations," by George William Curtis; "Damp Cellars," by Charles F. Wingate; "A Railroad Depot Lawn," by Samuel Parsons, Jr., besides other articles and some illustrations. Its circulation should be encouraged by the medical profession.

BOOK NOTICES.

The Dispensatory of the United States of America. By Drs. George B. Wood and Franklin Bache. Fifteenth edition. Rearranged, thoroughly revised and largely rewritten, with illustrations. By H. C. Wood, M.D., Joseph P. Remington, Ph.G., and Samuel P. Sadtler, Ph.D., F.C.S. Octavo, 1,028 pp. J. B. Lippincott & Co. Leather, $8.00.

The first edition of this encyclopædic work was issued fifty years ago, and since then, through editions varying with the constant changes that science has undergone during the half century, it has been the standard commentary of the professions of medicines and pharmacy. It has been a work of which these professions in this country have had good reason to feel proud. It has always been characterized by thoroughness and accuracy, by judicious selection by its authors of facts useful and essential to the subject and skillful setting forth of these facts.

A much larger space is necessary than we have at our command to give more than a passing notice of the present edition that appears this year, a large book of reference that in its revision has occupied three years, and to the full measure of the advances in the knowledge of its subject is better than any of its predecessors. It is really a new book founded on the old Dispensatory.

This edition has an editor for each of the three branches pertaining to its subject—Materia Medica and Therapeutics, Pharmacy and Chemistry. The first of these and the one most in need of revision has had the attention of Dr. Wood. He has largely rewritten the sections on the medical properties and uses of drugs, and the condensed statements of the book suggest but little of the large amount of research that must have been necessary to a full possession of the facts that have accumulated so rapidly during recent years. Mr. Remington has given attention to the practical pharmacy, and has tested each formula before accepting it, while Prof. Sadtler has brought up the theoretical chemistry in a thorough manner, a part of the work which stood the more in need of attention, as it has been somewhat neglected since the death of Dr. Bache in 1864.

An alteration in the arrangement has been necessitated by the parallel change in the last revision of the Pharmacopœia. What was formerly Part I. and II. is made part I. This includes the officinal drugs and preparations, arranged in alphabetical order, which is appropriate for a work of this sort and much more conducive to its general usefulness than any attempt at classification could be. It composes the bulk of the volume. Part II. consists of 225 pages upon non-officinal drugs, containing a great deal of material by being printed in fine type. In these two parts there are sixteen thousand titles referred to in the index, being five thousand more than the last edition contained. In Part III. miscellaneous material revised, formerly in an appendix, is included. Among other things novel is a list of analyses of all the mineral springs of this country and Europe. Throughout, the pronunciation is marked by diacritical marks. The illustrations found are new. The measures are indicated in both parts by weight and apothecaries' measure, which is of peculiar advantage, especially to the pharmacist. From its freshness of issue, its superiority to other works of its kind, its compendious character, the honest toil of capable editors, it may be regarded as "the supreme treasure-house of pharmacological lore," an indispensable book not to pharmacists only, but to all medical men.

F. C. C.

THE

MEDICAL ANNALS:

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PISTOL WOUND OF CHEST—BULLET FOUND LODGED BENEATH THE TWO LAYERS OF THE PERICARDIUM—LACERATION OF THE WALL OF THE RIGHT VENTRICLE AND OF A BRANCH OF THE ANTERIOR CORONARY ARTERY, CAUSING FATAL HEMORRHAGE INTO THE PERICARDIAL SAC.

BY S. B. WARD, M.D., ALBANY.

J. K., male, American, laborer, age 24 years. At 10 P. M. on July 2, 1882, he placed the muzzle of a toy pistol, .22 calibre, over his left chest and fired one single shot. Very little hemorrhage followed, just enough to cause a blood stain about as large as a silver half dollar on his shirt. The wound was at the upper edge of the cartilage of the fourth rib, midway between the nipple and the left edge of the sternum. When Dr. B. U. Steenberg saw him, five minutes later, he was dead.

Autopsy, July 4, at 4 P. M. Present, Drs. B. U. Steenberg and P. J. Keegan. Rigor mortis well marked. On opening the thorax with the knife the pericardium was accidentally wounded, and bloody serum spurted out in a stream to the height of six or eight inches. Further dissection showed that the pericardium had contained about one pint of clotted blood and about eight ounces of bloody serum.

On examining the heart a laceration was found on its anterior surface, one inch in length, just to the right of the inter-ventricular septum and nearly parallel to it, the centre of it one inch and a half below the juncture of the auricle and the ventricle.

Careful examination showed that a branch of the anterior coronary artery was divided, and was the source of the hemorrhage. The laceration was about an eighth of an inch deep, did not involve the inner surface of the ventricle at any point, and the bullet was not lodged anywhere in the heart. Careful examination of the internal surface of the pericardium showed no wound at any point, but on its external surface an oblique wound was found immediately over the laceration of the heart wall, and the bullet lay enclosed between the two layers of the pericardium.

For the history of the case and of the autopsy and for the gift of the specimen I am indebted to my friend, Dr. P. J. Keegan. The specimen has been placed in the surgical section of the Army Museum at Washington, and is numbered 7,287.

There are a number of interesting points in connection with this case. The shooting was done with a single-barreled toy pistol, with smooth bore, .22 calibre, and barrel two inches and a half long. Subsequent experiments with the same weapon show what would, of course, be expected, that its penetration is not great. Two kinds of cartridges may be used with it, the "twenty-two shorts," which contain three grains of common gunpowder and twenty-eight grains of lead; and the Flobert cartridges, which contain a considerable amount of fulminate, no gunpowder at all, and carry a spherical ball weighing fifteen grains.

Experiments were made with both these cartridges at distances varying from six inches to six feet, the target being a soft white pine board. The penetration was a trifle less on the average at the greater distance. For the sake of comparison, experiments were also made with two other pistols of the same calibre—a Smith & Wesson, with barrel three and one-eighth inches long, and a Colt, with barrel two and a half inches long, all using the same cartridge. The accompanying table gives the result.

Weapon.	Cartridge.	Dist.	Penetration.		
			Greatest.	Least.	Average.
Toy Pistol, 2½ in. barrel.....	Flobert	6 in.-6 ft.	5-16 in.	0	7-32 in.
	Winch. short.	6 in.	7-16 "	0	5-16 "
	" "	6 ft.	7-16 "	0	4-16 "
Smith & Wesson, 3⅛ in. barrel ...	Winch. short.	6 in.	¾ "	0	5-16 "
	" "	6 ft.	¾ "	0	¼ "
	" "	12 paces,	½ "	0	3-16 "
Colt, 2½ in. barrel.....	Winch. short.	6 in.	⅝ "	0	¼ "
	" "	6 ft.	⅜ "	0	¼ "
	" "	12 paces,	¼ "	0	3-16 "

The belief is quite wide spread that a pistol has not as great penetration at three or six inches as at several feet. As will be seen, the above experiments do not support this opinion. It will be also noticed that at all distances the penetration of the different cartridges varied very much, some bullets not burying themselves even half their length at each distance, while others, under entirely similar circumstances, had a penetration varying from one-quarter to three-quarters of an inch. I am entirely unable to account for this difference. It cannot depend upon any essential difference in the cartridges, for I have fired at least five thousand of these same cartridges from a Ballard rifle, and it is the rarest thing imaginable to find one that will not pass through three and one-half inches of pine, at twenty-five yards, when fired from the rifle. Considering that they are made by the million, are sure-fire, and are sold at a ridiculously small price, it is really wonderful that they should be perfectly accurate at twenty-five yards and very reliable up to a hundred yards on a still day.

It is clear that one reason for the small penetration when fired from a pistol is that the powder in the cartridge does not have time to burn before the bullet has escaped from the muzzle, while when fired from a rifle with a barrel twenty-eight inches long the combustion of the powder is much more nearly complete, though not perfectly so. When the pistols were used, the powder marks in the board, due to the impact of unconsumed grains of powder, were very distinct up to twenty inches, and disappeared at two feet.

From a surgical point of view, it is certainly remarkable that a bullet should have had force enough to entirely penetrate and pass through the outer layer of the pericardium, and yet should not have inflicted the least degree of injury on the inner layer, where the entire membrane is so thin. *A priori* one would have considered this impossible, and it would undoubtedly be so if the membrane were stretched and hung up in the air. But in this case the inner layer was carried against and supported by the soft and elastic tissue of the heart, and for that reason was not penetrated. The loose connective tissue between the two layers permitted readily of their separation from one another.

The laceration of the muscular tissue of the heart without ever having come really in contact with the bullet is also very remarkable. I would suggest as a possible explanation of the

occurrence that the bullet, with the internal layer of the pericardium in front of it, struck the heart while in systole, and that the contraction of the cardiac muscle just at the precise moment of impact aided materially in producing the laceration. In fact, had the heart muscle been as flaccid and passive as the pericardium was, its wounding would have been impossible. The fracture of bones, the rupture of tendons and the laceration of muscles themselves in other parts of the body, as the result of muscular contraction alone, is freely admitted on all hands. Rupture of the heart itself, when the muscular fibres are diseased, is a well-recognized cause of sudden death. And it does not seem at all improbable that even a slight blow upon a heart already in contraction might result in laceration even in a healthy heart, which this appeared to be.

That the case is an exceedingly rare one there is no doubt. Dr. Huntington, the curator of the Army Museum, informs me that it is unique in that extensive collection. In the surgical literature that I have been able to reach I find none precisely similar. One of the librarians of the library of the Surgeon-General's office refers me to some half dozen cases somewhat like this, but they, so far as I have been able to ascertain, only resemble it somewhat remotely.

The case was thought worthy of being reported, not because it is probable that any one in this room will ever see another like it, nor because the ante-mortem diagnosis of this precise occurrence is possible, nor because any line of treatment would be of any value, but simply because its great rarity makes it an interesting curiosity, and because it well illustrates the fact that the most improbable and even almost apparently impossible accident does occasionally occur.

DISCUSSION.

Dr. WARD, in answer to the question as to how great a distance from a .22 calibre pistol powder marks show in the skin, said that he had had no experience with the cadaver, but powder marks showed at eighteen inches in pine board.

Dr. J. S. MOSHER said that the bore of the pistol, the quality of the cartridge and other features would have to be known before an answer could be given. He thought Dr. Ward's paper interesting because of the scientific points it brought out regarding the penetrating force of such a ball from such a pistol. Bullets are deemed of greatest danger at a distance from the point of firing. High velocity certainly increases the force and

power of a bullet, whilst the course of a bullet depends upon what it strikes, its consistency and the bore through which it passes. Cleveland's experiments show that high velocity in water flattens the bullet, low velocity makes it pass through the vessel, if wood, containing it.

Dr. M. J. Lewi, in answer to the question propounded to Dr. Ward, said that he had recently had occasion to appreciate the importance of a knowledge as to how far powder marks, after a bullet wound, were visible on the skin. A left-handed man was found dead, a revolver at his side and cartridges fitting the same lying loosely in his pocket. The wound which killed him was in the right temporal region, the bullet having passed upward and through the brain at an angle of about twenty degrees; there were no powder marks about the wound. With the revolver which had evidently carried the death missile, a .22 calibre, experiments were made on a cadaver, with the following results: With the pistol held at distances varying from six inches to two and a half feet from the body, powder marks were plainly seen, approximating the opening made by the bullet according to the distances from which the shot was fired; for instance, at six inches the visible powder marks were discernable only in a radius of three inches from the wound. A shot fired at two feet from the cadaver plainly showed powder marks within a radius of six inches from the wound. At three feet there were isolated powder marks visible, which careful search alone revealed. The revolver held closely to the head and fired left no powder marks, but a complete circle of smoke surrounded the bullet wound about as large as the ring of the barrel of the revolver. Experiments were then made with a .32 calibre revolver, the only one obtainable at the time, giving similar results, with the exception that the powder marks were still discernable at a firing point of four feet from the body. The notes of these experiments were taken at the time by Dr. F. L. Classen. The question arose, is this a case of murder or suicide. The revolver could not have been held close to the head, because of two reasons—the man was said to have been markedly left-handed, and the bullet before reaching the head had clipped off a very slight portion of the upper border of the ear; in addition, there was no circle of smoke about the wound. The greatest possible distance at which a revolver can be fired by a suicide, unless some plan for deception as to the cause of death has previously been concocted, is about eighteen inches. Granted, in this case, that the person found dead as described was ambidextrous, and death was caused by his own hand, the quantity of powder contained in the shell enclosing the bullet must have been less than is usually employed, and the small quantity which followed the ball in its transit must have undergone thorough combustion before the fatal wound was made—two rather unlikely circumstances. All the other conditions and indications pointed to a case of self-destruction.

Dr. Ward said: A ball fired from a pistol placed in contact with the head will sometimes also burn the skin, but leave no powder marks. As regards the power of penetration, much depends on the character of the material first met with and how much the bullet is flattened at first contact; of ordinary window glass, for instance, one pane is equivalent to two

inches of pine board in experiments made with a thirteen inch penetrating bullet.

Dr. Lorenzo Hale said: It is remarkable in the case reported by Dr. Ward that both layers of the pericardium were not pierced and still the heart was ruptured. An analogous case more commonly met with is a fracture and rent of the skin without the clothing being torn.

Dr. S. B. Morrow spoke of the case of a burglar being shot in the thorax from behind. The wound was two and a half inches to the left of the spinal column and one inch behind the angle of the scapula. The corresponding wound was found five-eighths of an inch internal to the left nipple, in the fourth intercostal space. Traumatic pneumonia followed; the heart's action was regular, although the heart must have been pierced. Recovery ensued after twenty four days, the man eloping from the hospital.

Dr. John Thompson spoke of a post mortem held by Dr. Darling on the notorious William Poole. The bullet was found in the septum ventriculosum, the patient living twelve days, dying of pneumonia.

Dr. Ward said the danger of pistol wounds depended upon the size of the bullet in most cases. He had a patient suffering occasionally from epileptiform convulsions with a .22 calibre bullet in his brain.

Dr. Mosher said that bullets which seem to go through vital organs sometimes do not penetrate them; for instance, Sullivan was shot directly over the heart with a .32 calibre ball, which penetrated the lung and was cut out from the back. The bullet was notched where it probably shaved a rib, turning its course. He is now alive. A man shot with a .32 calibre ball, ran half a mile, died fifty-two hours thereafter, the bullet having pierced the left auricle. Fitzsimmons was shot with a pistol against his abdomen. He ran one hundred and eighty feet before dying.

Dr. Vander Poel asked how a patient who was shot through the auricle could live so long.

Dr. Mosher said that owing to the imperfect manner of post-mortem made he could not answer, but thought that clots must have formed rapidly, thus occluding the bullet wound of the heart.

Dr. Thompson spoke of a man in Wayne county who was shot through the brain, and is now alive after twenty days.

In connection with this case of gun-shot wound of the chest, reported by Dr. Ward, a specimen was exhibited by Dr. Henry March, sent him by Dr. H. W. Leonard, of Camden. The following letter accompanied the specimen:

Dr. March:

Dear Sir—I send you a heart that has been wounded by gunshot. The history is briefly this: He was struck in the left breast, one inch anterior to the left nipple, with two small rifle balls. They followed the rib to its junction with the sternum, then passed directly inward, cutting off the rib and making the wounds you see in the heart. One ball cut through the posterior surface of the sternum about half of its thickness, whence the spiculæ of bone that you will find in the wound. Both balls entered the

right lung, passing diagonally downwards, striking the eighth rib, one remaining in the pleura; the other passed out between the seventh and eighth ribs and lodged in the muscles of the back.

The point of interest is this: The man after being shot walked fifteen feet before he fell, and in about one hour after he arose from the bed, walked into another room to quell a fight, and his living forty hours after the injury. I saw him twelve hours after the injury. I found him with pulse irregular, beating 70, respiration 45, suffering from shock, of course. No hemorrhage from lungs or wound; pain only in right side, which was severe. His age was 73. Respectfully yours,

H. W. Leonard, M.D.

The subject of the injury was so near the gun at its discharge that his clothing was burned by it. The balls entered the thorax at the junction of the fourth rib with the sternum. Both passed through the pericardium, wounding the heart, one of them making a valvular opening in the right auricle. They penetrated the right lung, one of them being found in the pleural cavity, the other in the muscles of the back. Particles of bone from the sternum were imbedded in the tissue of the heart. The pericardium was found filled with blood, as was also the right pleural cavity.

CASE OF FRACTURE OF THE SURGICAL NECK OF THE HUMERUS.

BY J. L. ARCHAMBEAULT, M.D., WEST SANDLAKE, N. Y.

I was called on November 18, 1878, to see Mrs. P., German, age 77, plethoric, very muscular, height about five feet, weight about 240 pounds. About twelve hours before she had been out on a board walk near the house, and had slipped, falling on her shoulder and elbow against some boards set up for a banking to the house. Upon examination I found distinct crepitus, but could not locate the seat of fracture; was of the opinion that it was a fracture of the head and tuberosities of the humerus. Diagnosis was difficult on account of her plethora, but was confirmed at the autopsy, where I found it much easier to make. However, I reduced it by using Stromeyer's crutch and extension and hot water dressings. Pain was soon relieved, and swelling went down so that it became necessary to redress it on the third day. At the expiration of eight weeks, as crepitus could not be heard, I concluded I had union, but decided to leave the dressings

on a week or ten days longer, as they produced no discomfort, and continue passive motion, which had been done for a week. I did not intend to see her again in that time, but on the fourth day from this I was called early one morning to find her in the most excruciating pain, with the arm and hand swollen very much and the dressings, which were previously loose, almost buried into the tissues. This was the result of a fall while getting out of bed the night previous. I removed the dressings to relieve the constriction they produced, and by applying hot fomentations relieved the pain and swelling in a couple of days, but, singular to say, I could not get crepitus, although I was satisfied it had been refractured, as the shortening was greater than when I first saw her. I could not persuade her to have it reduced again after the swelling went down, so that it was left to nature. The next time I saw her was in the summer of 1881. She stated she had suffered very little from it, had quite good lateral motion, but could not raise the arm out from the side more than seven or eight inches. She was at the time knitting, and had a chair with the arm so arranged that she could rest her elbow on it and work.

At the autopsy, December, 1882, I found the upper fractured end turned toward the axilla and the lower fractured end articulating against its side, the head attached to the glenoid cavity by osseous union. I regret that I could not furnish the specimen with the scapula attached, the time allowed for the examination being limited.

[The specimen of this very rare case is deposited in the new Museum of the Albany Medical College, and is one of great value.]

CLINICAL NOTES IN PRACTICE.

BY W. E. ROGERS, M.D., REXFORD FLATS, N. Y.

For the past twenty years I have been in the habit of treating all the cases of female disease that occurred in my practice. One troublesome symptom that I have often found associated with womb diseases is a frequent desire to pass urine, which is voided in small quantity and attended with more or less heat and burning. I have always found this very annoying to the patient and difficult of relief. When I first commenced the treatment of this class of diseases, I used the glass cylindrical speculum,

in time Sims', then Higby's. Finally, and within a year or so, I purchased a Nott three-bladed instrument. I was treating a lady at the time in whom the urinary difficulty was quite troublesome. Upon the introduction of the Nott speculum, I observed the urinary meatus fully exposed to view, and that it was red and much inflamed and sensitive to touch. Now, in treating diseases of the cervix, I am in the habit of using nitrate of silver after the rule of Bennett. I melt it, and dip a silver probe until a button forms on the bulb of the probe, and thus apply the solid nitrate to the diseased cervix. In this case and at this time, after I had cauterized the cervix, I passed without hesitation the solid caustic into the urethra and on the inflamed surface of the meatus freely. I used it subsequently once, with the result of entirely removing that troublesome symptom. More than a year has elapsed, and there is no return. Of course, the cervical disease was cured also. I have had one case like it since, within the past six months, in the case of a lady sixty years old who had chronic cervicitis, and had been a great sufferer from this urinary trouble for many years. One or two applications of the nitrate effectually cured the difficulty, the cervical difficulty being cured afterwards.

In reducing dislocated shoulders downwards, I have for many years adopted a plan which, so far as I know, is peculiarly my own, for I have never seen it in books. I set the patient on the floor, lift the arm up, bringing the humerus on a line with the glenoid cavity, and give it to an assistant. I place my hand upon the top of the shoulder, and then direct the assistant to pull. The bone glides into place easily and speedily.

I will briefly and in conclusion relate a curious case of double dislocation at shoulder joint. J. J., seventy years of age, was walking across a potato patch. As he approached the fence, which was a board one about three feet high, he stepped into a hole, lost his balance, and fell forwards towards the fence. He was just near enough to reach the top board with both hands. His feet being braced in the hole, he had not the power to recover himself, and so the weight of his body carried him to the ground. Shortening had to occur, as his arms and legs were stiff, and with the body formed an obtuse angle, and so both shoulders went out.

[In the *Therapeutique Chirurgicales*, Vol. II., 1881, is a method of reduction of shoulder dislocation described very much like the one spoken of in these notes, and yet not so simple.]

SELECTIONS.

Items from Braithwaite.—Coffee is recommended as an antidote for alcoholism by Novaes, of Rio da Janerio, who observes that the latter is completely unknown in Brazil, where coffee is drank many times a day; immigrants with alcholic proclivities come under the same exchange. Coffee is also recommended in the early stages of typhoid fever by Dr. Guillassee, of the French navy, three teaspoonfuls every two hours alternately with claret or Burgundy wine.

To prevent pitting of small-pox, one recommends painting over the surface with a cream-like plaster of white lead and linseed oil containing five per cent. of carbolic acid.

Twelve girls in an institution in Piedmont died from suffocation, due to a low-turned kerosene lamp, the flame having evidently communicated itself to the fluid in the lamp and gradually extracted all the oxygen from the room. Others bear testimony to the evils of this method of lighting at night, headache being a common result.

The following have been traced immediately to sewer gas by a health officer of London: Submaxillary abscess and enlarged cervical glands, cervical abscesses, axillary and inguinal abscesses with summer diarrhœa, facial, pelvic, temporal and multiple abscesses, typhoid fever, diphtheria, puerperal septicæmia and summer diarrhœa.

In a case of atropia poisoning, where one grain by weight had been taken on an empty stomach, after poisonous symptoms had set in, *sixteen* to *eighteen* grains of morphia were injected hypodermically, no symptoms of narcotism ensuing and recovery following.

By care in the destruction of the bacillus Dr. Whitaker proposes to materially diminish the frequency of phthisis; he would have sputum,which is its favorite nidus, expectorated into the fire or into a portable can filled with mineral acid; for the patient, encourage expectoration and keep in the open air, that they may not reinfect themselves; inhalations cannot kill the bacillus.

The following formula for a cough mixture originated with the late Dr. Pancoast, and has the advantage of containing no morphia: Wild cherry bark, senega, each ʒ iv.; ipecacuanha, ʒ ii.; extract of conium, gr. xv.; water, q. s. ft. (by displacement) fl ℥ viii.; add gin ℥ i.; compound tincture of cardamon, ℥ i.; dose, two teaspoonfuls in water.

The following for clergyman's sore throat: Tinct. opii, tinct. sangninariæ, each ℥ ii.; balsam tolu, ʒ ii.; 12 drops on a lump of sugar three or four times a day.

For epistaxis Dr. Maxwell recommends ten to twenty drops of tincture of cannabis indica every five or ten minutes. In a case noted, hot water availed where all else failed.

In the Cologne City Hospital diphtheria was treated by local application of iodoform over the membranes every two hours in the beginning of the disease, and with the exception of ice to the neck formed the entire treatment for all the patients for a year; the dry powder, alone or with starch or in solution with sulph. ether and tolu balsam was used. Of 213 cases there was only one death by laryngeal diphtheria.

Cascara sagrada is recommended by Dr. Horne, in the *British Medical Journal*, as indicated in constipation, where the stools are scanty and dry and there is indigestion. Of the fluid extract of Parke, Davis & Co. he gives twenty drops three times a day in sweetened water for ten or fifteen days, and then gradually reduces it. In doses of a teaspoonful it acts as a gentle purgative, without tenesmus, but is slow in action, and in this dose loses its good action for curing constipation.

Narrow hyaline casts, says Dr. Formad, blood and epithelial casts with much albumen, signify acute catarrhal nephritis; broad hyaline casts and epithelial dark granules and oil casts signify chronic catarrhal nephritis—at first much albumen, later less; hyaline and pule granular casts with little or no albumen signify interstitial nephritis. Broader casts are worse than narrow, as far as diagnosis is concerned, as indicating chronic disease.

A case of transfusion of pure water after alarming post-partem hemorrhage is reported, twenty-two ounces being allowed to enter the median cephalic vein through a Jannings syphon; convalescence was speedy.

Gelatin for local treatment of skin diseases is recommended by Dr. Peck, prepared by dissolving fifty parts in a hundred of distilled water, with the addition of any desired medicament. As required, a piece of this is dissolved in a saucer set in hot water, and painted over the part, after drying a thin coat of glycerine being added to prevent cracking.

Raw meat, instead of epithelial transplantation, succeeded in healing well obstinate leg ulcers with Dr. Wagner. The cleansed surfaces were laid over, night and morning, with a thin layer of scraped pulp of fresh meat, absorbent cotton impregnated with cod liver and carbolized bandages applied; the meat was always entirely absorbed, the ulcers gained granulations, and there formed a solid cicatrix.

The chlorides are highly lauded as tonics by Dr. Buer, whose favorite prescription of them is: Corrosive sublimate, gr. i.; tr. ferri mur. ʒ iv.; acid hydrochlor. dil. ʒ iv.; liq. arsenici chlorid. ʒ i.; syrup, ℥ iiss. ad water q. s. ℥ vi.—two teaspoonfuls three times a day after meals. One almost identical is ascribed to Dr. Goodell.

Judge Dixon, of New Jersey, has charged the grand jury: "If a man, conscious that he carries about with him the germs of a contagious disease, recklessly exposes the health and lives of others, he is a public nuisance and a criminal, and may be held answerable for the results of his conduct. If death occurs

through his recklessness, he may be indicted for manslaughter." The charge was regarding a nurse to a small-pox patient, who went recklessly to his family, communicating the disease to his children, one of whom died.

Dr. T. B. Allison, after a year of abstinence from animal food, reports himself as improved in health, free from former rheumatic pains, having had neither headache nor bilious attack, of good bodily powers and with a relish for mental work and having gained seven pounds weight. He does not abstain from eggs, milk, butter and cheese, though they are used in moderation.

An agreeable drink, suitable for convalescents, is made by dissolving three pounds of white sugar in half a gallon of boiling water; when cold, add three ounces of tartaric acid dissolved in a pint of water; also the well-beaten whites of three eggs, and flavor to taste. As used stir in a few grains of bicarbonate of soda, making an effervescing beverage.—*Med. Bulletin.*

From "Harley on Diseases of the Liver."—As champagne plays a not unimportant part in the treatment of all the more exhausting forms of liver disease, I shall take the present opportunity of ventilating my views on this universally appreciated vinous beverage, for I wish if possible to change the present pernicious English habit of drinking sour wine disguised under the name of *champagne sec*, under the mistaken notion that it is good, wholesome wine which has become naturally dry with age, while in reality it is no such thing, but *tastes dry* simply because it is *sour*. I say sour, for the various degrees of dry, very dry, and extra dry (*sec, très sec, et brut*) champagnes are simply wines of different degrees of acidity — *sourness*. Dryness, as it is absurdly called, is the product of age. But it does not pay the wine merchant to keep his champagne until its saccharine matter is transformed by fermentation in the bottle into alcohol, and the sweetness of the wine has consequently disappeared; so he adopts the speedier course of getting rid of the sweet flavor of the wine by setting up the quick acetous instead of the slow acoholic fermentation, which has the effect of destroying all the saccharine matter contained in the bottled wine in a few months. In fact, there are many ways of "spoiling" champagne to suit the ignorant, depraved taste of the English consumer. I say English, for no nationality has as yet been found foolish enough to swallow sour wine under the delusion that it is drinking good sound dry wine from finding the words *sec, très sec or brut* on the labels.

The following anecdote will show the ideas of a continental champagne dealer regarding the Englishman's knowledge of good champagne:

All my champagne I import myself, and, as my personal friends know, it is A 1. The gentleman whom I in general deal with came to England occasionally, and upon one occasion when he called upon me and got an order, I observed that, in booking

it, he wrote after the name of the wine the word *continental*, and not only so but carefully underlined it. On seeing him do this with an air of the utmost *sang-froid*, I exclaimed in a voice of surprise, "Why have you written the word 'continental' after the champagne? Is all your champagne not *continental?*" To this he immediately replied, and that too with an air of sweet innocence, "Oh no. We never now send any continental wine to England." "What on earth do you send then?" exclaimed I in breathless astonishment. He smiled and answered, "Spoilt English champagne." Being more bewildered still, I slowly repeated his words, "Spoilt English champagne! What do you mean?" "Oh, Dr. Harley, don't you know that all the dry champagne is specially prepared for the English market? We can't sell a single drop of it on the continent, for nobody will drink such stuff. It is quite sour." Seeing my consternation, I presume, he quickly added: "We never send it to you. Your champagne is what we drink ourselves. It is true champagne—none of the *très sec* stuff." "But," said I, "all good champagne is slightly acid on account of the carbonic acid it contains." "Yes, that is perfectly true; but it is not sour, which so-called dry champagne is. You are a chemist. The first time you have a chance dip a piece of blue litmus-paper into the two wines, and you will soon see the difference. While the continental one will yield a faint pink, the English one will immediately turn the paper crimson, just as sulphuric acid would.

He proceeds to give a graphic account of a consultation visit upon a rich old bachelor who had taken a pound of salmon and a bottle of champagne, on which latter he specially prided himself, but which was found to affect blue litmus-paper exactly as the contents of a vinegar cruet did, since which time he has left the drinking of *très sec* to those happy mortals who enjoy a life in the fool's paradise, where ignorance is bliss, and turn their poor stomachs into pickle-jars while drinking different grades of wine vinegar under sweetly seductive titles. And he takes occasion further to add that all refinements of human taste are simply artificial acquirements which have become popular, and at length get gradually stereotyped by fashion. In proof of this he cites the disgusting concoction called kava, drank with intense delight by the Fijii islanders, prepared as follows: The women sit down in a circle and chew the root of the *piper methysticum*, spitting the juice into a bowl in the centre of the group, which, mixed with water and fermented for a couple of hours is ready for drinking. And further a delicacy of the Chinook Indians, of North America, who dig a hole near the family hut, into which they put a bushel of acorns, cover them with a layer of grass and earth, and for four or five months the entire family urinate into the hole, when, the acorns having become soft and pungent, are ready for use. In somewhat the same way, too, the Briton prides himself on the nice flavor of his high game, the Spaniard on his rancid salad oil and the German on the *geschmach* of his ill-smelling Handkäse.

The Medical Annals:

A Journal of the Medical Society of the County of Albany.

EDITORIAL COMMITTEE:

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——American Surgical Association.—The attendance of Fellows at the last meeting of the society in Cincinnati was very fair, and yet not as full as the membership demanded, nor did the gathering bring out such a body of men as the name of the association rightly calls for. Most of the papers presented and clinical cases reported were listened to with deep interest, and the discussion was in the nature of a plain practical statement of facts, such as one would expect to fall from the lips of men who represent the surgery of this country. It is true that the only really practical and original work was in the paper read by Dr. Nancrede, of Philadelphia, on "Early Blood-letting in Inflammation." Dr. E. M. Moore, of this state, presented some very interesting specimens bearing upon the subject of fracture of the neck of the femur, and read a most excellent, well-prepared paper—a paper that must command the attention of all thoughtful surgeons throughout the world. Dr. N. Lenn, of Milwaukee, read portions of an elaborate paper on "Fracture of the Neck of the Femur," and gave the results of original experiments made on animals to elucidate his views upon the pathology of this lesion, which showed by far the greatest amount of hard, original work and investigation that has ever been bestowed upon this much vexed and long discussed question in surgery. To appreciate fully the enormous labor he has given to the subject, his paper should be carefully read when in print. While we do not agree with him in some of his pathological conclusions and methods of treatment, yet we must say frankly that he is entitled to immense credit for the work he has accomplished in this department of surgery.

Some valuable time was lost in listening to the stale paper on "Listerism" and in the senile discussion that followed. It is certain the Fellows did not present their knowledge of antiseptics to the best advantage nor to the full credit of American surgery.

Dr. T. M. Markoe, who was afterward elected an Honorary Fellow, received full praise for that to which he was justly entitled, namely, thorough drainage in the treatment of all wounds. The details of Lister's method did not, nor does it seem to receive the endorsement of the hard-working surgeons of this country.

Dr. Mear's paper on "Anchylosis of the Lower Jaw" gave evidence of careful study, and was well discussed, but it was evident that many of the Fellows did not agree with him in being so sanguine of success after his or any operation. Dr. Briggs gave the history of a case in which he had done an original operation, affording great relief to the patient — that is, removing a section of the lower jaw at the symphsis.

Prof. S. D. Gross gave a most excellent paper on "The Value of Early Operations in Morbid Growths." Coming from one who has had such an immense clinical experience, who has done more writing on surgical subjects than any American surgeon now living, or who has lived in the past, it presents a peculiar value, and should receive the careful consideration of every man who is making a diagnosis or operating in surgery. It enforces the truthful lesson of making an early correct diagnosis and not hesitating to act.

The paper, with report of cases, on "Removal of Meckel's Ganglion" brought out a most excellent discussion from the President and Fellows, and the conclusions as to relief afforded in these dreaded cases of tri-facial neuralgia were pretty well sustained.

The most gratifying work presented in operative surgery was the cases of excision of the tarsus by Dr. Connors, of Cincinnati. Surely the doctor has had wonderful success, and which must be due largely to his skill as a surgeon. The paper ought to appear in print, with full illustrations, that it may receive proper consideration from all surgeons. With a fund of over two thousand dollars, the association should see that its forthcoming volume is well up in the art of printing, and especially its illustrations.

Dr. Basil Norris had his paper on "Dislocation of the Astragulus" in print, in pamphlet form, and a more complete presentation of the subject it would be difficult for any author to offer.

As an evidence of how peculiarly one particular operation may be confined to a single city or section, Dr. Richardson's report of cases of "Trephining the Ribs for Traumatic Empyema" gave a strong illustration. Few subjects were offered to the association that commanded such earnest attention. Also, his "Case of Supposed Aneurism of the Femoral Artery" proved to be a difficult problem for the pathologists to solve.

Of the very rare and instructive cases, that of Dr. Marks, "Trephining the Sternum for the Removal of a Minie-ball Lodged there Twenty Years," was very interesting.

There were other cases and discussions of great value to the surgical profession offered, all of which it is hoped will soon appear in print in the forthcoming volume of the transactions of the society. Until then we must rest content with the very short, incomplete and unsatisfactory reports to be found in our leading medical journals. That the meeting was a great success cannot be denied, and yet it came far short of being all that one would expect, in the sense of representing the surgery of this great and progressive country. It is sincerely to be regretted that such important surgical subjects as Abdominal Section for Obstruction, and like conditions of the bowels, Bigelow's Operation for Stone, and many other points of interest that concern the general surgeon quite as much as the specialist, received no attention whatever. In the election of Fellows it was quite evident that men who practiced a specialty were not in favor. This will probably prove in time a very grave error. Of this and several other points we shall take the liberty of speaking at another time.

——The profession of Albany has suffered an inexpressible loss in the death of Dr. J. S. Mosher. He was a kind of man not common to meet with. We might lose physicians as gifted, or surgeons equally skillful, or teachers who possessed similar capacity, whose removal from our local guild would cause no more than the common sense of loss that death's entry into our circle produces. But in this man was stored up a force to which professional attainments were commonplace. He was a leader—one of the infrequent dominating characters. We are sure the

many who knew him — and he was so widely and personally known that it is likely these lines will be read by few who did not know him—will catch our meaning in these words. He was not to be correctly estimated as a schemer after authority, or a lover of power, or one who strives for self-aggrandizement; but he was a man of such large parts that his speculations were always listened to and his counsels always heeded by his associates, so that his influence easily asserted itself; it did so without the exhibition of effort. Such strong characters, among the rivalries of the profession, seldom fail to hold their eminence without friction; but his was of a sort that excited few jealousies, and the startling report that in the midst of apparent perfect vitality, while fully controlling all the multifarious lines that centered in him, death had taken the place of sleep, caused nowhere any thing but a bitter pang and a feeling that a great and important element of life here had been removed. He carried along an extraordinary number of responsibilities. He had those of an active practitioner, including a considerable counseling practice and two hospital connections; he held the, perhaps, most important chair in the Medical College; he was one of the three lecturers of the College of Pharmacy; he had active connection with public health work, for service in which he will be preëminently remembered; he was a prominent resource for medico-legal assistance; he was practically identified with general educational interests; he was intimate with men prominent in public affairs, in politics, journalism, business, art and society. In nothing with which he was associated was he a subordinate element. He was a ready speaker in public and the leading spirit of a social company. He had a disposition to befriend and cheer, to which many who came here as homesick and struggling students have borne heartfelt testimony. He was never so busy as to begrudge his time to all who came to him, and never wearied of others' interests. Some of Dr. Mosher's qualities may be possessed by others, but it is far from likely that we shall ever find one so versatile as to include them all. A lengthy editorial in the *Argus*, from his personal friend, the day after his death, closes with these remarkable words: "The day is dark beyond the power of the sun to lighten it, when all that he was is kindled to memory by the thought that he is not. He lived for others. They cannot put into words what service to mind and heart, by word and deed, he rendered them. To

have known him in reality is a wealth of advantage, which carries life to higher monitions and motives than life had before. To have been loved by him is to mark existence with a fact that ennobles the heart with a recollection which will make the years that remain but the milestones on the road to a reunion in which death itself shall be a receding reminiscence, and comradeship with him, not lost but gone before, the joy of the soul forever and forever."

Jacob S. Mosher was born in Coeymans, Albany Co., N. Y., on the 19th day of March, 1834. His father, Christopher Mosher, was of English descent. His mother, whose maiden name was Elizabeth Boucher, was of German parentage, but born in this country. He attended the district school in his native place for several years, until the family removed to New Brunswick, N. J. As the educational institutions of that place were under the control of the Reformed Church, his father, who was an adherent of that denomination, was anxious that his children should be instructed in its schools. He completed his preliminary education at the preparatory school of Rutgers College, and in 1853 entered Rutgers College, graduating in the class of 1856. Immediately after his graduation he came to Albany, and was appointed principal of the public school on South Pearl street. This position he retained until he began the study of medicine. He matriculated at the Albany Medical College in 1861, and received the degree of Doctor of Medicine December 22, 1863. His preceptor was Prof. Howard Townsend, to whom he referred in after years in terms of the greatest affection. His thesis was on "Diabetes," and the careful research which it exhibited brought him many compliments from the professors of the College. In 1864 Governor Seymour commissioned him a volunteer surgeon, and he was assigned to duty with the Army of the Potomac. At the close of the war the Governor appointed him assistant medical agent of the state at Washington, the late Dr. James L. Babcock, of this city being chief. Washington was at this time overrun with sick, wounded and destitute soldiers, and the labors of these state medical officers were as difficult as they were grateful to the veterans.

In 1867 he returned to Albany. His connection with the Albany Medical College as a teacher began in July, 1864, when he was selected as lecturer on Chemistry and Medical Jurisprudence. In December of the same year he was elected Professor

of Medical Jurisprudence and Hygeine. In January, 1869, Governor John T. Hoffman appointed him as Surgeon, with rank of Brigadier-General, on his staff, and detailed him in charge of the Soldiers' Home in this city. In 1871 he was recommissioned as Surgeon-General, and served until the close of Governor Hoffman's term, January, 1873. In February, 1870, he was appointed Deputy and Executive Officer at the Quarantine Department, Port of New York, under Dr. Carnochan, of New York, as Health Officer. Dr. Vander Poel, who succeeded Dr. Carnochan, continued him in office until his resignation, in May, 1876, when he again returned to this city. He was then elected Professor of Medical Jurisprudence and Hygiene at the College, continuing in that chair until his recent election as Professor of Pathology, Practice, Clinical Medicine and Hygiene. For many of these years he was Registrar and Librarian of the College.

After the epidemic of yellow fever in 1878, the American Public Health Association urged upon the United States Marine Hospital Service the necessity of a thorough study of its origin and course. This action eventuated in the adoption by Congress of a bill providing for a commission of experts for this purpose. Among others selected by President Hayes, was Dr. Mosher. His field of labor was mainly the south-west parishes of Louisiana, and we are informed by excellent authority that the care and study with which he traced the transportation of the contagion from town to town, along railroads, watercourses and roads, was a model of scientific work. As a result of the labors of this commission the National Board of Health was organized. The reports of the commission, to the disgrace of the government be it said, have never been published.

He had served for a number of years on the staffs of the Albany and St. Peter's Hospitals. He was a member of the Richmond County Medical Society, a Fellow of the New York Academy of Medicine, a member of the New York Neurological Society, a permanent member of the New York State Medical Society and the American Medical Association. He received his degree of Master of Arts from Rutgers in 1863 and of Doctor of Philosophy from the same institution in 1877. He was President of this Society during the last year's term, and at the time of his death was President of the Alumni Association of the Albany Medical College, a member of the Albany City

Board of Health and Professor of Botany and Materia Medica in the Albany College of Pharmacy.

He was married December 30, 1863, eight days after his graduation from the Medical College, to Miss Emma Montgomery, who died in 1876, leaving five children.

He has held numerous positions of honor and trust in connection with the institutions of Albany—a Trustee of the Female Academy, President of the Young Men's Association, Trustee of the Normal School, and many others.

His reputation as an expert in medico-legal cases was not bounded by the confines of this state. Among the more important cases with which he was connected, may be mentioned the McCarty case, the Billings and the Hughes case. The latter may be taken as a sample of the conscientiousness with which he performed his duty in this direction. The defendant, an outcast from society, was examined with extreme care, and it was only after long study of the case in all it bearings that he concluded to aid him. Then, having come to a decision, he gave his entire time and thought to its proper presentation in court.

His death occurred suddenly, August 13, during the night, having had no symptoms of ill-health to excite apprehension, and after spending the evening, up to a late hour, writing letters, preparatory to a departure upon his summer vacation. The cause of his death was found at the autopsy held to be heart failure dependent upon degeneration of the coronary artery and acute endocarditis.

——The Albany Medical College begins its next term September 11. Dr. John P. Gray will deliver the introductory lecture. The chair of Practice and Clinical Medicine in the College, just made vacant by Dr. Mosher's death, will be filled by the following wise disposition: The didactic course will be divided between Dr. Van Derveer and Dr. Ward, while the weekly clinical lectures will be assigned to Dr. Bigelow. Dr. Thomas Hun will also, it is understood, give some lectures. The department is thus well provided for, though it is to be regretted that the burden of so much additional work is to be thrown upon these gentlemen. The permanent filling of the chair is left to the close of the approaching term.

——Leprosy receives prominent attention in the July number of the *Journal of Cutaneous and Venereal Diseases.* One of its editors, Dr. Piffard, reports four cases of the disease now under treatment at Charity Hospital, one a native of Bermuda, another of Norway, the third of the West Indies and the last of China. All show principally the tubercular form of the disease, some exhibiting also the macular lesions and also impairment of sensation.

Dr. W. T. Belfield contributes a paper on the bacillus of leprosy, the constant presence of which, in the tubercular form of the disease, is accepted. They are found usually within the characteristic large cells which constitute the mass of the leprous neoplasm. Neisser, of Breslau, its most thorough student, asserts that by inoculation with the bacilli lepræ, nodules similar to those in the human subject have been produced in animals. Belfield, however, is not satisfied that these were of other than inflammatory origin. The rôle they play in the disease is not settled in the present status of the question, whether causal or the result of a previously established morbid process.

An article, also, is printed on the question of contagion in leprosy, by Dr. J. C. White, of Boston. In early times it was accepted as contagious and seclusion rigidly enforced, so that the disease nearly died out in Europe. Since, other causes, such as heredity and telluric, have been assigned. Its contagiousness appears, however, fully established by observation of it in the Sandwich Islands, where, having been introduced in a previously unaffected stock, it spread so rapidly as to cause the strongest conviction that it was communicated directly from person to person, within forty years affecting nearly ten per cent. of the natives of Hawaii. One of Dr. Piffard's cases appears to have arisen from this cause. Dr. White says: "It is probable that leprosy may, like syphilis, be communicated under all circumstances by which some of the fluids and other products of the infected foci of a diseased person come in contact with abraded or excoriated, possibly with the uninjured surface, of a healthy person. It would be necessary that the diseased products should be at the surface of the skin or mucous membrane, and this would generally be accomplished during the process of softening by which the impermeable layers were removed. Thus the nodular form would necessarily be the most dangerous form of the disease." He thinks that as there is no doubt of the actual

existence of the bacillus, there is no reason why, *a priori*, it may not satisfactorily explain all the local and general pathological processes characteristic of the disease and constitute its contagious element, though the results of inoculation are as yet negative. The rôle of bacteria in disease is coming to be one of very great interest.

In this country leprosy prevails now in Louisiana, California (among the Chinese) and Wisconsin and Minnesota (among the Norwegians). Cases are also found among immigrants from countries where it is specially prevalent. The entire number is as yet small. In view of its contagiousness and known facility of spreading, several cases being on record in which the disease originated in this country, what measures should be taken for its suppression? Both Drs. White and Piffard advocate governmental interference, secluding existing cases and preventing the entrance of immigrants affected by the disease. Hospitals in various parts of the country should be established, which should be strictly quarantined and residence in which should be made compulsory and perpetual. Immigration should be watched and leprous immigrants returned to the country whence they came or sent to the lazaretto. By such measures, strictly enforced, the disease could be eradicated within a generation. Without them, there is every probability of its extension. It is a question whether the affection is susceptible of cure; there is possibility of its amelioration, the course of the disease being stayed for a time and comparative comfort secured. The drugs upon which most reliance is to be placed, according to Piffard, are nux vomica and chaulmoogra oil, used internally and externally. Its duration varies, the patient succumbing in from five to fifteen years.

——The New York Skin and Cancer Hospital was incorporated last November, and is now fully established and at work. It is a very comfortable building, at 243 East Thirty-fourth street, containing thirty beds and provision for an out clinic, which is often crowded. It is somewhat remarkable that it was not established before, for it is now a number of years that dermatology has been taking prominence in this counlry. New York is one of the metropolis cities of the world, and yet we find that heretofore no special accommodation has been supplied for this class of diseases beyond that given by the general hospitals, while Paris has long had the Hôpital St. Louis, with over

five hundred beds, Vienna three hundred beds set apart for these patients, London two skin hospitals, and many small places have similar provision. Philadelphia has already preceded New York in this particular. For two reasons special hospitals are desirable: Skin diseases require appliances for treatment different from any other and perhaps more than any other class, and the cultivation of their study is best conducted where they are predominant. This hospital will undoubtedly soon prove much too small to meet its requirements. Dr. L. D. Bulkley and G. H. Fox are physicians to it, Drs. Weir and Keyes being the operating surgeons, and there are a number of other assistant and consulting physicians and surgeons. The institution is intended for those who are unable, from indigent circumstances, to properly cure for themselves, being afflicted with these diseases.

——The advantages of condensed mllk as food for infants are urged at length, in the *Lancet*, by Dr. Drewitt, a physician to the Victoria Hospital for children. The only argument of any value raised for it is that it contains less casein, and consequently forms more flocculent curds—an advantage, however, sufficient, if certain, to establish its value. If we can learn how to avoid the hard curds of cows' milk—in other words, how to rid it of its excess over mothers' milk of casein—we shall have secured the ideal artificial food for infants. The test of condeused milk compared with cows' milk can easily be made by placing, as suggested, in two tumblers, the relatively diluted condensed milk and the cow's milk side by side, and then adding to each a few drops of hydrochloric acid note the resulting degree of firmness of curdling.

In the same connection, endorsement may be given to a writer in the "Wisconsin State Board of Health Report" regarding the common fallacy that one cow's milk is desirable for the baby, so that it is often secured at expense and cost of trouble. Really, as Dr. Hoegh says, mixed milk is to be preferred, as more likely to approach the average milk, and not showing the contrast or transient deviations from the normal standard to which a single cow is subject.

——The College of Pharmacy opens its approaching term on the 1st of October. The introductory lecture will be given by Prof. Michaelis.

MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Abstract of the Minutes of the Regular Stated Meetings of March 21 and April 25, 1883.

A regular meeting of the Medical Society of the County of Albany was held March 21, 1883.

President, N. L. Snow, in the chair.

Present: Drs. J. S. Mosher, Ward, Craig, Van Vranken, Munson, Thompson, Merrill, Classen, March, Shutter, Miller, T. P. Bailey, H. Hun, Vander Poel, Curtis, L. Hale, Bartlett, M. J. Lewi, Schofield.

Dr. Munson proposed for membership William L. Shutter, M.D., a graduate of the Albany Medical College, class of 1883. Referred to the Board of Censors.

Dr. Henry March presented an oil portrait of his father, Dr. Alden March, who was President of the Society in 1832.

Also presented to the Society, for Dr. Huested, a portrait of Dr. Pomfret, also an ex-President.

On motion, a vote of thanks to the donors was adopted and the portraits referred to the proper committee.

Dr. Ward reported a case of pistol wound of the heart, which, with discussion, may be found in preceding pages of this number.

Dr. Mosher moved that the discussion of pneumonia, which had been announced, be postponed until the next meeting.

Adjourned.

Regular meeting Medical Society of the County of Albany held April 25, 1883.

Present: Drs. Cook, Vander Poel, Hailes, Miller, Hun, Classen, Merrill, Munson, Woodward, Rouchel, M. J. Lewi, Munro, W. Fowler, Curtis Ball, Van Derveer, Crawford, Schuyler, of Troy, and Hull, of Schenectady.

In the absence of the officers of the Society, Dr. D. H. Cook was elected President *pro tem.* and Dr. Munson Secretary.

Dr. S. O. Vander Poel, Jr., read a paper on "Fracture of the Spine."

A discussion followed at length the reading of the paper, after which Dr. Hailes presented a Demonstration of the Bacillus Tuberculosis of Koch, going through the process of preparing, coloring and mounting specimens of the sputa containing the germ, and exhibiting them with the microscope.

The Society then adjourned.

M. J. Lewi, *Secretary.*

THE

MEDICAL ANNALS:

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TRIFACIAL NEURALGIA AND THE OPERATION FOR ITS RELIEF.

BY A. VAN DERVEER, M.D., ALBANY.

The causes that produce such dreadful suffering as neuralgia are so very different that medical treatment, or rather the use of medicine alone, is not always able to afford relief; and yet it is well known to all of us that there are certain conditions, due to the weak and enfeebled state of the system, that may be reached in this manner. And then, again, it may be stated as a positive truth that in some cases actual surgical interference becomes necessary to afford that relief sought by suffering humanity. The cases which I am to report will, I am sure, substantiate the statements I have just made.

Mr. S., aged 58, came under my observation May, 1870. He gave the history of having suffered for over ten years from severe neuralgic pains about the right side of the face, along the alveolar process, upper jaw and right side of tongue, also in the track of the inferior dental nerve. In the preceding five years Dr. Detmold, of New York, as well as the late Dr. Alden March, of this city, had each operated twice by loosening the attachment of the cheek from the alveolar process, affording a few months' relief each time to the patient. I did the same operation with equally good effect, but in September, 1870, the pain returned with as much earnestness as ever. I now made use of a very

thorough treatment by iron, arsenic, Brown-Sequard pills, injections of chloroform and every treatment known to me, but with no especial benefit. In March, 1871, I made a section of the infra-orbital nerve, which resulted in affording great comfort to the patient, and for two years he remained quite free from pain. It then returned, more especially along the course of the inferior dental nerve, and I suggested the removal of Meckel's ganglion, but his health was such that neither he nor his friends thought it safe. The old gentleman has lived on, however, and, though in great pain for months at a time, he will improve occasionally, and is alive at the present time.

Between the time of having Mr. S. under treatment and the care of the following case, I was so impressed with an operation I saw Dr. Thorndike, of Boston, perform on an exceedingly feeble gentleman, aged 65—that is, the removal of the infra-orbital nerve, with Meckel's ganglion, in a case of long-standing trifacial neuralgia, right side of face, that I determined to try it in my next similar patient. I would state here that I have since been informed by Dr. W. G. Wheeler, of Boston, that this patient remained well for two years; that the pain then returned in the left side of the face, and after suffering for a long time he entered the Massachusetts General Hospital, had another operation like the former, and died a few days afterward from exhaustion.

Miss B., aged 40, first consulted me July, 1875, giving the following history (from notes of the case taken at the time): For the past three or four years she has suffered from neuralgic pains in the right side of the face, differing as to length of time and degree of severity. Her general health up to this time has been good, no serious sickness, and family history clear. Passed the menopause about two years since. Since that time she has had very little relief from pain unless under the influence of medicine. She has had all her teeth removed, one or two at a time, from the right side of the upper jaw and some from the lower jaw on that side, but with little, if any, relief. Had taken medicines almost constantly. For the past six months she has had no remission of pain, though taking large doses of morphine, chloral and bromides. Is at times stupid from the effects of these drugs, and yet complaining of pain. Countenance is sallow, pale and features expressive of great torture. Unable to do any work, or read, or become

interested in any thing. The pain will start in the upper jaw, extend over the face, pass down around the lower jaw and through to chin and along right side of tongue; also penetrates the temporal region, leaving a heat or inflammation in the mouth very severe. She is at times unable to drink any thing without having the pain aggravated for hours. Is thoroughly miserable and despairing of ever getting any help. An examination of urine shows kidneys to be healthy. Is unable to give a satisfactory reason for development of original trouble, except that she has for the most of her life been confined indoors as seamstress or forewoman in a large store, getting little out-door exercise or fresh air. I gave her large doses of precipitated carbonate of iron, also Brown-Sequard neuralgic pills, but with no apparent benefit. Gave by hypodermic injections of chloroform a few moments' respite from pain, but the inflammation following was very severe. Also gave morphine in the same manner, but with so little good following that she readily consented to an operation. On September 5, 1875, assisted by Drs. W. H. Bailey, N. L. Snow, Lewis Balch and F. C. Curtis and my two medical students, ether being given, I proceeded to remove the infra-orbital nerve and Meckel's ganglion, in the following manner: Making an incision from the inner angle of the eye, down to the bone, along the nose for a distance of a little more than an inch, then another incision, similar in length, at right angles under the infraorbital ridge, raising the flap and periosteum, I exposed enough of the anterior wall of the antrum to admit the application of a good-sized trephine, removing a button of bone, so that the upper edge opening exposed the canal of and the infra-orbital nerve. Lifting the latter from its bed by means of a bone chisel, grooved director and probe, I followed it until reaching the posterior wall of the antrum, where, by means of a small trephine, another button of bone was removed, and the spheno-palatine fossa was reached. The ganglion was now lifted from its bed, and with curved scissors the nerve and it were severed and removed,which was followed by a sharp hemorrhage, at first somewhat alarming, but controlled by portions of sponge firmly applied, to which a silk ligature had been tied. The wound in the face was then closed by interrupted sutures, a drainage tube, with ligature from sponge, being placed in the most dependent point. The patient rallied nicely from the anæsthetic, and was immediately relieved from all pain. There was

a considerable trouble in removing the sponge, and the parts suppurated quite a good deal, but ultimately healed kindly. From that time on she has been in perfect health, increasing in flesh, attending fully to her work, and a more grateful patient I have never seen.

Mrs. T., widow, aged 37; no children; excellent family history. When two and a half years old she suffered from a perforating ulcer of the right eye, resulting in the loss of sight and some flattening of the cornea. At about the age of fourteen years she began to wear a simple cover, she and her people thinking it improved her appearance. This she continued to wear for nearly seventeen years. During this time she did, in addition to her ordinary school duties, a great deal of fancy needle-work, such as embroidery. Always felt very proud of the sight in her left well eye. Could see fine print at a greater distance away than could many of her friends. During the latter period of wearing the cover, she occasionally noticed that a strong light would give the eye a tired feeling, followed at times by slight pain, and then she would remove it for a little while. The ball did not shrink in any way perceptible until some time after marriage. After the cover had been out for a short time, it would give for a few moments a slightly increased pain on reintroducing it. Six years ago, when in her usual health, she caught a bad cold by being out in the chilly night air, and then the eye began to pain her severely. The spasms of pain would be only four or five daily, at first confined to the eye-ball, and compelling her to leave the cover out most of the time, but there was really no rest for any length of time. She now consulted the late Dr. Robertson, of this city, who advised very positively to let him remove the eye at once, believing it would stay the spasms of pain and prevent any injury occurring to the well eye. This she most decidedly declined to have done. She contented herself by using a soothing eye-wash. During the fall of 1877 and winter of 1878, the pain was yet confined to the eye, but in the spring of 1878 it began to extend out over the cheek, down along the lower jaw and right side of tongue and back over the temporal region. For the next two or three years she consulted a number of physicians, both at home and in New York, some of whom advised the removal of the eye, some an operation on the nerve, and some thought no operation would do any good. All gave her a thorough course of medicine, which she tried

faithfully, also the use of electricity and many outward applications, no permanent good resulting. At times she would be better, but the pain would always come on more or less severe just before her menstruation. She was referred to me by my friend, Dr. D. H. Cook, of this city, in the spring of 1881. I advised her to see Dr. Merrill, of this city, and learn, as nearly as possible, how much the eye had to do with the trifacial neuralgia, and whether its removal was not now the best treatment. She saw Dr. Merrill, who advised the removal of the stump, as the eye had now shrunken to quite an extent, but again she positively refused. The doctor fitted her with another cover, but no marked benefit resulted. She could wear the cover very little. I now gave her a very earnest and careful treatment with quinine, iron, Brown-Sequard neuralgic pills, arsenic and aconitia, but with only slight improvement. The aconitia was Merck's make, and never given in more than one-eightieth grain, three and four times daily, which would produce marked physiological effects, such as dryness of the throat and tingling of the fingers. The spasms of pain were agonizing to witness, returning every one, two or three minutes. At last she got no rest, even with large doses of morphine by stomach or hypodermic injection; also tried chloroform by latter method. Her life was becoming a burden to herself and one of intense sorrow to her friends. She got no rest during nearly the whole month of July. August 2, 1881, I consented to remove Meckel's ganglion, though feeling firmly convinced that the proper thing to do was the removal of the eye. The operation was done in the same manner as described in the previous case, assisted by Drs. Snow, Merrill and Worden and my medical students. For a few days after she suffered occasional spasms of pain, but on the sixth day she was entirely free from it, and slept for the first a quiet, restful sleep. She remained in a very comfortable condition, improving in general health, not taking any medicine, until the last week in November, 1881, when the pain returned along the course of the inferior dental nerve, the spasms being very intense and coming on so rapidly as to prevent any rest. I tried faithfully aconitia (Merk's), but with little, if any, good resulting. Again she could not bear it in larger than one-eightieth grain doses three to four times daily. On January 2 I trephined the lower jaw, and removed, as I thought, thoroughly a section of the inferior dental nerve, giving her almost immediate relief. From

this time on she remained in excellent health, gaining in flesh and strength, feeling very happy, but gradually losing the sight in her left eye, until the last week in December, 1882, when she suddenly had a spasm of pain along the lower jaw and outer portion of temporal region. This was followed next day by two or three spasms, then the next week she had five or six spasms daily, then the pain came on as of old, except over the cheek. She was now very much discouraged, and refused all medicines. Her sufferings became so great, especially along the course of the inferior dental nerve, which I am convinced reunited, that at the urgent request of the family she finally consented to the removal of the eye, which was done by Dr. Merrill, April 3, 1883. After this operation the pain lasted for ten days, then ceased, and since she has been very comfortable. Occasionally she feels a weak sensation about the face, peculiar and difficult to describe, especially just previous to her menstruation. Says her face feels as if it would fall to pieces. At the present time it is very difficult to believe so many operations have been performed about her face, so perfect has been the healing process. In considering this case, I am strongly impressed that the diseased eye was the cause of the reflex irritation.

The next case coming under my observation was that of Mr. H. N., farmer, aged 68, married, referred to me by my friend, Dr. I. I. Buckbee, of Fonda, N. Y. He was admitted into the Albany Hospital March 20, 1882. About thirty years ago, whilst working with some machine, he received a severe blow, from a stake, just over the left malar bone. This he thought to be simply a bruise, and it did soon pass away. A few years after he had a number of ulcerated teeth on the same side. About fourteen years ago he noticed a dull, heavy sensation in his forehead on the left side, and this was followed in a short time by sharp, darting pains just under the eye, which could be started by just touching the part. He dreaded wiping his face with a towel or handkerchief, as it would result in spasms of pain. About ten years ago he began to be treated, but received no relief. Five weeks ago I saw him with Dr. B., and advised a thorough course of treatment with aconitia, it never having been used with him, which was tried, beginning with one one-hundredth grain four times daily, increasing until one-twentieth grain was given as often, but no benefit whatever resulted, patient noticing only slightly the physiological effect of the

drug. Merck's make was used. Why the aconitia here was tolerated in such large doses and produced no more toxic effect I am unable to explain. It was prepared by the same druggist I am in the habit of getting it from, and he cannot offer any explanation. Mr. N., like Miss B., had had one tooth after another removed, but no relief was afforded in doing so. March 21, 1882, assisted by Drs. Snow, Ward, Hailes, Mosher, Wood, Kennedy and Schofield, I did the same operation as in the last two cases and with immediate relief. After recovering from the anæsthetic, he did not have a single spasm of pain. His surprise and comfort it was pleasant to witness. So rapid was his recovery that he left the Albany Hospital, six days after the operation, with the parts nearly healed. Dr. B. has since informed me that the wound was entirely healed in a few days, and that he has been free from all pain since, his only regret being that he did not have the operation performed many years sooner.

When we contrast the treatment of the cases of Miss B. and Mr. N. with that of Mr. S., we can come to but one conclusion—that the removal of the ganglion and nerve is really the only true operation to do, and that the manner of making the incision, in the natural curves and folds of the skin, leaves so little cicatrix as not to deter any patient from fear of disfigurement.

In doing the operation, a good direct or reflected light is necessary. As regards the danger from hemorrhage, I am sure that it is quite possible to avoid it entirely. By taking out a good sized button from the posterior wall of the antrum and watching carefully, the internal maxillary artery can be seen pulsating, and thus avoided, while a most excellent view of the ganglion can be obtained. Like all operations upon the nerves, I am convinced it needs to be done very thoroughly; if not, failure is likely to result, as it will in cases where the pathological lesion is still more central and the cause not peripheral. In lifting the infraorbital nerve from its bony canal, I found in my last operation an instrument specially devised for that purpose of great service, as by its use one is not so likely to tear or separate the nerve—something very important to avoid, for by keeping the nerve in its continuity one has a sure and safe guide to and along the ganglion.

That aconitia is of service in treatment I think the following cases well illustrate.

Mr. B., aged 40, merchant, good family history of health, consulted me in June, 1880, for severe neuralgia, right side of face, coming on a year previous, after exposure, in a long ride, to cold. For six months the pain has been almost constant, much like the history given by Mr. N. Has been under treatment, with very little benefit. Is not anæmic and of good habits. I gave him, in solution, one one-hundredth grain of aconitia three and four time daily for four weeks, when he reported himself well. One year after there was no return of the pain. In taking the medicine four times daily he felt only slightly the physiological effect.

In another instance I was requested by my friend, Dr. T. D. Case, to see Miss K., aged 14, who had been suffering severely for two years from trifacial neuralgia, right side of face. In that time she had been mostly under the care of a specialist, who had been trying to cure her by the use of prisms and wearing of glasses, but with little, if any, permanent good. Under the use of aconitia, as in the former case, she made a most excellent recovery, as I am informed by Dr. Case.

Mrs. L., aged 33, married, no children, has suffered for a number of years from trifacial neuralgia, right side of face, which may be brought on by over exertion, any mental strain or nervous excitement. The attacks will last from twenty-four to thirty-six hours, and the suffering is intense. By use of good tonics and the aconitia in one-eightieth grain dose, given when the attack is coming on every three hours until four doses are taken, she has entirely recovered. First consulted me about two years since.

Other cases I might mention convince me that in aconitia, not always relying upon Merck's make, we have a most excellent remedy for treating this disease or train of symptoms.

Subcutaneous injection of ether is practiced by Mr. James (*British Medical Journal*) for relief of rheumatic pains. After preliminary dry-cupping over the seat of lesion, he injects subcutaneously ten minims of sulphuric ether, gradually increasing to thirty if no marked improvement ensues within a week. It is preceded by a purgative and five grains of salicylate of soda every two hours in gentian. Cure usually ensues in a week. Cases of lumbago and sciataca are relieved uniformly.

SKEPTICISM IN MEDICINE.

READ BEFORE THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY, AT ITS SEMI-ANNUAL MEETING, MAY 8, 1883, BY THE VICE-PRESIDENT, D. C. CASE, M.D., SLINGERLANDS.

That there is a great deal of skepticism in medicine among physicians cannot be denied, and I propose for a few moments only to call your attention to what I believe are some of its causes.

First. Too strong a belief in the old dogma, *Vis medicatrix naturæ.*

Second. Too strong a belief in the self-limitation of disease, and, more particularly, too small a knowledge of the essential properties in the drugs used.

The anatomist who studies the beautiful framework of the human body; the physiologist who examines the perfect mechanism of its organs and notes how perfectly they perform their natural functions; the pathologist who studies the nature of disease, following it step by step through all its various stages, and sees the resistance and the powerful efforts which nature exerts to throw off disease and set herself right is quite apt to believe that what she *will* not do for herself drugs *cannot* do—an error which, it is feared, too many fall into; or, even if they do not give that omnipotence to her, are easily inclined to fall into the belief of the self-limitation of disease, and the so-called expectant treatment naturally follows, which, to a certain extent, is nothing more nor less than a skeptical or doubtful treatment, prescribing medicines not for any specific effect we believe them to possess, but simply to do something and idly wait for development of the disease, trusting to the healing power of nature to do the work and the strength of the patient to sustain the disease.

I do not wish to be understood as rejecting the old and well-established theory of the healing power of nature, as, in fact, there are many diseases which we are called to treat which, if let entirely alone by us, she has the power to carry through to a successful termination—nor to believe that there are no diseases which are of themselves self-limited; but I do believe that much harm has been done our patients and great discredit

brought upon our profession by the doctrine taught of the self-limitation of disease, which, when fully accepted, leads the physician to feel that he has no power to cut short or limit many diseases. In the short practice of twelve years, from my own experience, I believe there is value in medication, even in many of the so-called self-limited diseases. Illustrations of the value of medication are abundant in the history of medicine, and it is a fact well known to every physician of experience that certain inflammations, instead of being self-limited, may by a judicious course of treatment be themselves limited, arrested and controlled to the parts immediately surrounding the point affected and the patient's life saved, instead of allowing the inflammation to go unmolested, spreading to contiguous parts, and finally resulting fatally. Who of us that may have been in practice but a few years have not witnessed the power of hypodermic medication in removing pain. Whilst it may not properly be called a disease of itself, yet it shows an abnormal condition of the system, and it being thus arrested the patient rapidly recovers, whilst, had we been content in believing in its self-limitation, and followed the so-called expectant treatment, it might have developed into some serious and perhaps fatal disease.

Prof. Chartoris, of the University of Glasgow, in a recent address to his class, declared himself very positively on this question. He says: "On the investigation of remedy *versus* disease this may be considered as generally conceded—that every remedy must be adjudicated upon its connection with the natural march of the malady it is given to cope with. If this be slight and harmless, if nothing will go wrong, if ordinary care and common sense be exercised, then we cannot attribute extraordinary merit to any drug selected and described. But in dealing with other maladies not so trivial in their nature nor so innocuous in their course, which are met with in practice every day, and where life, it may be, hangs in the balance, the physician is false to the tradition of his art who can only confess his incapacity, who knows nothing and suggests nothing. To the sick man this conduct is death. To the friends and to the public it is cool and heartless cynicism. To the impartial critic it means medical suicide, for he sees that if the policy of expectancy is carried to its legitimate conclusion there is a sapping of the foundations of therapeutic faith. There is a lowering of the public interest in scientific inquiry. Such a doctrine is properly fatal to the posi-

tion of the profession in the eyes of the public. It is necessarily false to the best interests of the profession, and, besides, is not in accordance with present facts."

The late Dr. Lansing, in an address before his class, also said: "While recognizing the power of nature as oftentimes alone sufficient for the successful management of disease, it will be directly in the interest of therapeutic certainty to have such cases thoroughly ascertained and set apart as sacred and exempt from officious interference. The list of this class of cases cannot yet be considered as completed. Every instance, therefore, showing the progress or termination of any disease if left alone tends to correct and make more precise the inferences drawn from similar cases which have been or may be submitted to a regular classical treatment. He who can discriminate the closest between such cases as should be left alone and such as should be interfered with—he who can in any given case even best discern the point where medication should begin and cease, will be the least vexed with debilitating doubts, and the most efficient, because the most direct and concentrated in his efforts to relieve. There is not in this necessarily any ignoring of therapeutic needs, but a limitation of them, and therefore higher chance for certainty in supplying them."

It has been frequently, and no doubt truly, said that the longer one practices medicine, and the larger such practice becomes, the less the number of drugs he uses. With the most careful and observant practitioner I believe this to be true, but I do not believe that it is because he has lost faith in medication, but from his experience and observation he has learned more fully the essential properties of the drugs used, their effects in different doses, their different modes of administration, their idiosyncrasies, etc.—in fact, understands their specific effects upon the human system, and consequently can do much more with one drug than others knowing less of it can do with several. *An article* of medicine in the hands of one who thoroughly understands its essential properties and its specific effects upon certain symptoms is of more benefit to himself and his patient than another article superior, it may be, in its merits, but of which he has but little, if any, *knowledge*. "When the essential properties of the drug have been determined, then and then only can it be intelligently selected for its introduction into the system as an aid to the efforts of nature to set herself right."

The theory of treating diseases on "general principles" I can hardly admit. Certain medicines have certain properties of themselves, which will produce their specific effects, and are capable, when rightly administered, of controlling certain disturbances engendered in the human system by what we call disease, and they should be used for their specific effects. That I may not be misunderstood, I will, for instance, take the one article, quinine. It has within itself certain properties, which will produce certain specific effects, depending upon the amount given; and it should be prescribed in such quantities as to produce the specific effect desired. If as a tonic, small doses; as an antiperiodic, larger doses; as a sedative still larger.

I sometimes feel that therapeutics have not claimed the attention that the other branches have. I must admit that until recently I had neglected the study of that branch more than most of the others, and if you will bear with me for a moment I will tell you how I became impressed with that fact. Some four or five years since, whilst using the salicylate of soda for a slight attack of rheumatism in myself, I noticed that it produced quite a severe ringing in the ears, contraction of the pupil of the eye and a fullness in the head. At least I attributed the symptoms to that, as I had taken nothing else. Meeting soon after two or three physicians who had, I knew, used it in several instances, I enquired of them if those were some of the effects of the drug, and they told me that they had never heard their patients complain of such symptoms, and they had used it frequently and quite freely. Some time afterward, being annoyed considerably by the disease, though not in a severe form—mostly muscular—I determined to give the drug a fair trial. I soon experienced the same symptoms as before only very much aggravated, with deafness, excitement of brain, tremor of muscles—in fact, simulating very closely those of alcoholism. After recovering from that attack, I determined to ascertain, if possible, whether those were characteristic symptoms of that drug. I could find but very little information on the subject, until at last, on receiving my *Medical Record* of April 29, 1882, I found eight cases reported by Dr. Barrows, of Bellevue Hospital, some of which were identical with mine, and he called it the "delirium of salicylic acid, producing symptoms similar to acute alcoholism," and in one case the hallucinations were similar to delirium. His referring to the extreme danger of continuing the use of

the drug after these symptoms were produced startled me somewhat, as I saw that I had been using a drug, in common with other physicians, of which I knew comparatively little, and this thought struck me: Am I not using, almost daily, drugs which I do not fully understand? I commenced reading more carefully my works on therapeutics and materia medica, and was somewhat surprised to find how much I could learn in the use of some of our most common drugs. But a short time since, while reading the uses, effects, mode of administration, etc., of one of our old and stable articles—arsenic—the subject of this paper was suggested to my mind, and, representing as I do the younger members of the profession, I would urge you earnestly not to neglect the study of materia medica and therapeutics, but to cultivate a more careful and thorough reading of them.

Physiology, pathology, histology—yes, and pharmacology—at present are making rapid progress, and have laid a deep and broad foundation whereon we should build, and it belongs to the active practitioner—he who is daily seeing the various diseases to which the human body is subject—to watch closely the action which the drugs he gives has upon the system, and to what extent they arrest the development of disease. The times at present demand of the physician that he shall, as far as possible, ascertain the minimum dose which will produce the desired effect. We have the combined experience of those who have lived in the past and the progress being made in medicine at present, and we should so enlighten ourselves as to be able to make the best possible selection in our list of drugs, holding fast to those on which we can depend, throwing out those that are ineffectual, adding to our list such new articles as may prove beneficial, and handing them down to those that may come after us, that they may profit by our experience as we have by those who were before us; and the time will come when medicine, instead of being empirical, will have become a positive science. While it should be our aim to do all in our power to alleviate the sufferings of humanity and prolong the lives of those in our own time, yet we should not forget that we have it in our power to do even more, perhaps, for the benefit of coming generations than for our own.

The late Maurice Reynard said: "The patrimony which each medical generation bequeathes to that which follows it is twofold, the one of an absolute, the other of a relative value." It is

thus that we have received from our ancestors *opium*, *quinia*—nearly *all* of our best medicines which have done us good service, and which will do us still more before we definitely fix their mode of action. In like manner, we, in our time, leave to our descendants chloroform, chloral, the salicylates, pilocarpine and many other substances which it belongs to the future to appreciate and to explain their various uses.

Thus are formed what has been so appropriately called the "certainties of medical science." We who have passed the first decade of our practice should remember that ere long we must, *cæteris paribus*, take the place of the older ones. Are we ready for it? We, no doubt, are willing, but I again ask, are we ready?

When I come to think of the rise and fall of new remedies which have been brought before us within the past ten years, it seems to me that there must be something lacking. Since some of us have been in active practice many articles have had their rise and fall as much as any commercial commodity. Is this science? Is it right? Are we as general practitioners not at fault? I will take chloral, for instance, which was comparatively unknown when some of us began the practice of medicine. For a time nearly every physician used it almost daily in his practice. But what a change! Some who then used it, I might say almost daily, have now discarded it entirely. Why? Because it was used in an empirical or, as I might with more propriety say, fashionable manner. Fashion is a strong element with all classes, and I must admit that I fear it has too much influence in our profession in making prescriptions. If in doubt, we yield too much to those outside the profession, and, as it seems to me, just at the time we began to understand more fully the real properties of chloral, learning by experience there were conditions of the heart where it should be used cautiously, and still further, when it was almost perfectly contra-indicated, we found some throwing it aside entirely because it had failed to produce the result intended. Now, because that one article had been used to excess, and, as I believe, without a due knowledge of its properties, should we lay the whole blame to the drug, claiming that it is a dangerous article to use, or should we blame ourselves for not properly understanding its essential properties and its proper mode of administration? That there are properties in chloral which, under certain conditions of the system, are bene-

ficial I have not the least doubt—judging from my own experience of its use. That it is a dangerous article, under certain conditions of the system, I have no doubt, and until we more fully understand its true place in the materia medica we have no right to discard it entirely, as I know some have done.

As I look into the history of medicine in the past, as I feebly understand it at present, and as I draw upon my imagination for the future, I cannot help thinking that much more will be demanded of us who are now, as I might say, only passing the threshold of medicine than has ever been demanded of our predecessors. We who are in the active practice of medicine cannot become specialists. We have not the time. But whilst others who are devoting most of their time to pathology, physiology, histology, pharmacology, etc., require us—and it is our duty as general practitioners—to prove the value of medicines furnished us, I know of no better way than by a careful, thoughtful and persistent method of studying the effects and noting the results of the drugs used.

A CASE OF CANCER OF THE STOMACH, INVOLVING THE SMALL INTESTINES, OMENTUM AND ABDOMINAL WALLS.*

BY W. S. LAYMAN, M.D., SCHOHARIE.

I desire to call the attention of the society to a case, occurring lately in my own practice, of cancer, involving the stomach, small intestines, omentum and abdominal walls. During its progress the case presented many interesting features, some of which were likely to mislead in the diagnosis those who saw the patient during life, some deceiving the patient herself, and the autopsy alone revealing the true nature of the disease.

Among the prominent peculiar features were the acute peritonitis, followed by ascites, and after the ascites disappeared the enlarged omentum having the appearance of an extra-uterine fœtation, having a thin cyst presenting to the touch the peculiar feeling of an apparently well-defined sternum of a fœtus.

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*Read before the Schoharie County Medical Society, and by resolution forwarded to this journal for publication.

Our text-books give four stages in the development of a stomach cancer, the first stage being unmarked by any thing severer than anorexia and slight dyspeptic disturbance, attended with emaciation and loss of strength. If this existed at all, it was before I was called to see the case. There was no appearance of unnatural emaciation and no complaint made of any loss of strength.

The patient complained of a fullness of the abdomen and some pain, but was still about the house attending to her domestic duties. I prescribed such remedies as the symptoms seemed to require. I was called again forty-eight hours afterwards, and found her now in bed, having high fever and suffering severe pain. She stated that the bloating of the bowels had increased. The whole abdomen was tender to the touch and tympanitic. The symptoms confirmed the diagnosis of peritonitis. The treatment of the case consisted in hot fomentations, full doses of opium, quinine and stimulants as required. In about three weeks all acute symptoms had disappeared. I found on examination that the distention had somewhat subsided, and there was no unnatural tenderness about the abdomen. On percussion I was surprised to find that the tympanitic sound had disappeared and flatness taken its place, and on careful examination I found fluid present in the abdominal cavity. This increased in quantity for some time and rapidly, ascites following the peritonitis, becoming a marked feature, so that paracentisis was thought of to remedy it. Before it was done, however, vomiting set in, an interesting feature connected with which was the effect it had on the ascites. A few days after vomiting commenced the dropsy began to disappear, and within fifteen days was entirely gone. What the nature of this connection between the two diseases, or stages of the disease, as the subsequent developments proved them to be, and what their relation, were questions to which neither the careful watching of the progress nor the autopsy gave any clue for a solution.

The decline of the ascites revealed a peculiar and interesting and, so far as I know, unprecedented condition of the abdomen. Any one at this stage making an external examination would say it was a case of extra-uterine fœtation, and that he could feel the outline of a fœtus, the edges of the sternum being well defined by the serrated terminal edges of the ribs. And to still further confirm this impression the patient herself, who was the

mother of seven children, declared she could feel quickening, and knew by her past experience she could not be mistaken. She died in the firm belief that she was pregnant. Lower down was a rounded mass, firm and immovable, feeling somewhat like a large foot-ball. This and the mass above it were painless to the touch; in fact, the patient was free from any pain in the abdomen after the subsidence of the peritonitis. During the progress of the disease there was a constant advancement of emaciation. At no time did either the conjunctiva or skin indicate jaundice, and there was scarcely any derangement in the discharge of the functions of the liver. Although the skin was pale, it had none of that waxy, cachectic pallor characteristic of malignant diseases.

About ten days before death anorexia was so severe that she utterly refused to take any nourishment by the mouth, and was therefore supported by anal alimentation from that time. She complained of nothing but being tired of vomiting so much. In reply to questioning, she stated that occasionally she felt a slight nausea, but I found the vomiting was usually a purely mechanical act, unattended by any feeling of nausea, and the material vomited was superabundant in quantity to that she took into her stomach.

Previous to death the patient wisely requested that a post-mortem examination be made to determine the true nature of the disease, its extent and complications.

Post-mortem held by Drs. McCullock, Kilmer and myself, ten hours after death. The following portion of this article is taken from notes made at the examination:

Found the patient very much emaciated, the muscles, however, still distinct, firm and well developed, skin pale. No external appearance indicative of disease other than of an exhausting, emaciating character. On opening the body the heart, lungs and uterus were found normal and firm, indicative of no disease and scarcely of any complications; the fallopian tubes and ovaries healthy and properly attached; the stomach and small intestines evidently diseased; the omentum unnaturally developed, malignant in appearance and reaching toward the pubes in two well-defined serrated, but firm, triangles; the transverse colon apparently unaffected, but near the front walls of the abdomen, coming up through a small triangular opening in the omentum, and forming a small sac or tumor-like body, soft and yielding to the

touch, the smaller intestines tightly bound together in a firm, rounded, unyielding mass, the colon through its whole extent perfectly disconnected from adhesions to the rounded mass of the small intestines; the liver quite healthy in appearance, but somewhat elevated in position toward the thorax, and nearly normal in weight, weighing but a trifle over four pounds; the spleen somewhat shrivelled and diseased; all the viscera strongly adherent to each other and to the walls of the abdomen, with one exception—the colon is free from adhesions; the stomach enlarged, malignant in appearance, adherent to the other viscera, but free from rupture. On opening the stomach it was found evidently the seat of the disease. It contained a serous fluid, with blood and disorganized tissue; lining membranes were badly disintegrated; its firm wall and the pyloric orifice were deeply cancerous, evident of the point of commencement.

The interesting points in the case to which I would call your attention are:

First. The insidious approach of the disease. The time of commencement was unknown, and when our earliest attention was called to the case its presence was alike unsuspected and irremediable.

Second. The difficulty of making a differential diagnosis. The symptoms, as given by the patient or ascertained by questioning, would never lead the practitioner to a positive conviction of the presence of cancer of the stomach.

Third. The order of sequence in the progress of the disease. There were slight symptoms of gastric disturbance, peritonitis, dropsy, adhesions, vomiting, full development of disease, unnatural growth of the omentum, mistaken ideas of the patient as to pregnancy.

Fourth. The relation of peritonitis to ascites. Never in my practice before this have I seen peritonitis followed by dropsy and subsequently adhesions, the first apparently disappearing before the second commenced.

Fifth. The relation of the ascites to vomiting. When vomiting commenced, dropsy disappeared. The fluids that would have gone to the increase or the continuance of the ascites were ejected from the stomach through the œsophagus.

Sixth. The adhesions of the viscera. The colon through its whole extent was free from any adhesions; the smaller intestines were bound with a malignant growth into a round, compact

mass, incapable of dissection and strongly adherent to the walls of the abdomen.

Seventh. The appearance of the omentum. It was enlarged, thickened and overlapping, presenting to the touch and subsequently to the eye a peculiar character. The patient was a mother, and knew the symptoms of pregnancy, and on previous occasions she felt the quickening of a fœtus. On this occasion she had to different persons expressed her circumstances or convictions, and had she been buried without a post-mortem examination her friends and family would have believed she died pregnant, and those of the medical profession who saw her in life would never have been able to deny it positively, however much they may have doubted it.

SELECTIONS.

A CLINICAL lecture on tuberculosis of joints, by Dr. Roswell Park, in the *Weekly Medical Review*, contains the following: "A few words more with regard to the relation of scrofula and tubercle. Each has at some period been regarded as the cause of the other; certain it is, too, that the manifestations of the former are often associated with the appearance of the latter. But I have said enough to indicate that scrofula is only a particular state of the system, or possibly species of mal-nutrition, and that it is the scrofulous diathesis which predisposes to tuberculosis, or in other words, if we choose to put it so from the parasitic standpoint, that these micro-organisms, which may infect any or every system, find their most favorable lodging place in a scrofulous system; that while they may under certain conditions develop in an apparently normal individual, they are much more likely, other things being equal, to make themselves at home in a scrofulous than in a non-scrofulous subject. We are forced to acknowledge that a susceptible condition is necessary to their vitality. I am already asked why we do not all die of tuberculosis. Let me ask you in return how it happens that of two children, both exposed, one may suffer from scarlatina and the other escape; the same with variola and varicella. Whatever explains one fact explains the other. The system must be susceptible, and scrofula constitutes *par excellence* susceptibility to tuberculosis."

SEWER GAS, as commonly understood, means the emanation from sewers, whether fetid or otherwise. It is essentially the same, whether it proceeds from the putrefaction of organic

matter in sewers, cespools, privy outlets or surface organic matters. It consists of carbonic acid, light carburetted hydrogen, sulphuretted hydrogen and nitrogen, in variable proportions, and also of a variable amount of watery vapor, in the midst of which float organic particles, living and dead and in all stages of putrefaction—polluting the atmosphere, food and drink and settling upon surrounding objects. Against that which arises from sewers there are devices innumerable. The experiments of Dr. Thorne and others show that the mere extension of the proximal end of the main house drain pipe through and above the roof, providing it with a running trap at its distant end, having all fixtures connected with it trapped and all the fixture traps also ventilated into an additional shaft, are insufficient. If in addition to these provisions a second ventilating shaft of the full size of the chief drain pipe be carried up from the distant side of the running trap on the main drain through the roof, the liability of dangerous emanations from the water seals, as shown by Dr. Thorne, may be reduced to a minimum.—*Sanitarian.*

Croton-chloral in whooping cough is spoken of by Dr. Webb in the *American Practitioner.* He relates an experience of two hundred cases. It was found to be well borne by children, with rare exceptions. To get its full value it must be given in large enough doses to produce quite a marked effect. A child a year old will bear a grain every four hours, and it should be kept up for the first week, after which the cough is usually so much relieved that the dose may be lessened. It seldom falls to bring the cough under entire control within a fortnight. Children from ten to twelve years old require two grains, while an adult will not often bear more than four grains. An eligible mixture is a drachm dissolved in two ounces each of comp. tr. cardamon and glycerine. Sometimes good results have attended its combination with tr. belladonna. No appreciable benefit was derived from a combination with the bromides.

The prevalence of post-nasal catarrh in this country is attributed largely, by Dr. Morell Mackenze, to the abundance of dust. He found the disease, on a recent visit, all over the Eastern States, in Chicago and St. Louis, in Nebraska and Utah and on the Pacific coast. The country roads he found poorly made and the city pavements generally worse than those of the most neglected cities of Europe. By the abundance of traffic dust from them is set in motion. Being inhaled, it lodges in the pharynx, and, being with difficulty dislodged, remains and forms a source of irritation. He thinks heredity, urged as a cause by Bresgen, has little to do with it.

THE MEDICAL ANNALS.

A Journal of the Medical Society of the County of Albany.

EDITORIAL COMMITTEE:

F. C. CURTIS, M.D., LORENZO HALE, M.D.,
A. VAN DERVEER, M.D., JNO. BEN. STONEHOUSE, M.D.,
WILLIS G. TUCKER, M.D.

VOL. IV. SEPTEMBER, 1883. No. 9.

——IN the list of members present at the fifty-first annual meeting of the British Medical Association, at Liverpool, August 2, we are pleased to find the name of Dr. P. B. Collier, of this city. A pamphlet of twenty-three pages contains simply a list of those present, the number of whom was more than one thousand. Some idea of the force of this body may be gathered. We are indebted to Dr. Collier for copies of the daily journal of the association and of the medical journals containing accounts of the meeting and the leading addresses presented.

Before so imposing a body there is every stimulation to the preparation of weighty material both of papers and discussions, for not only is the gathering one of importance numerically, but one which attracts many men of individual importance. Every meeting must, therefore, be one of noteworthy interest to the profession of medicine. This is true of every well-intentioned medical convention. Commenting on this one in particular, the *Medical Press and Circular* says in a leading article: "Indeed, it may almost be said that no important discovery or improvement has been wholly the achievement of one independent authority, but has slowly and gradually arisen out of the accumulated productions of many minds, each helping forward a little further towards the point of perfection, and each essentially animated by the experience gained through preceding researches of other investigators. In surgery as well as in medicine, in the associated sciences as well as in the practical departments, and equally also in the realms of purely speculative science, is this the case; and it would not be going too far to

assert that the impetus given to modern thought and modern progress has mainly originated at such conventions as that which gives its title to the present article."

It is easy to conjecture how far short of well-rounded result the work done in laboratories, scattered and apart, would be if the numerous observers had not the opportunity of bringing together their individual attainments. And it is at the same time a matter of satisfactory consideration that the body of the profession receive with interest the contributions of those on the path of discovery, for it must serve as a constant incentive to effort for those who are pioneers. Every new contribution to such subjects as the newer doctrines of phthisis, micro-organisms in disease, the surgery of the intestines, puerperal fever, or metria, as it is again very sensibly proposed to designate, after Dr. Farr, the congeries of conditions known by this misleading name, the surgery of the urinary organs, and others, but adds to the interest of the intelligent and public-spirited men that constitute the bulk of our profession, and with it is rich in promise of elucidating the problems in prominent notice to-day.

There may be a long step between this grave body, on whose programme the imposing number of no less than two hundred and thirty-five papers were down for reading during the three days of its meeting, and the Albany County Medical Society, yet no association is so humble that it may not by effort effect some good. It would be a shame if it did not. The life of this journal is bound up in the desire to make our society efficient, in keeping up the *esprit du corps* of the profession here, and in effecting the co-operative work of the many intelligent men who largely compose it. That man is wanting in the higher aspirations of his profession who has no heart to use the means of conceded value in promoting all its interests. In a short time the working season of the society begins again, and nothing should prevent the society from receiving the presence and work of the great body of its members and making its seventy-seventh year the brightest in its annals.

While on the subject of medical societies, the meeting of the American Dermatological Association, at Lake George, August 29–31, is worthy of reference. It was attended by a good representation of the leading specialists in dermatology, by whom it is well supported, and who have made this department of medicine one that is among the best representatives of American

work. Among the valuable papers presented and discussed were "A Trip to Tracadie," to study leprosy, by Dr. G. H. Fox; "Malignant Papillary Dermatitis," in which two cases of disease, of which twenty-seven are now reported, sometimes known as "Paget's disease," by Dr. S. Sherwell, who also had a paper on "Pseudo-Psoriasis of the Palm"; "A Clinical and Experimental Study on Pruritus," by Dr. L. D. Bulkley, as well as another describing a new vegetable parasite on the skin, and others by Drs. Duhring, Taylor, Piffard and other members. Societies which work in the limited line of a simple specialty are in the way of accomplishing more marked results, and those effected by this association receive respectful consideration everywhere, and of them we of this country may well be proud.

——Dr. Theophilus Parvin, of Louisville, one of the scholarly editors of the *American Practitioner*, has severed his connection with that journal, on account of his removal to Philadelphia, where he goes to occupy the chair of obstetrics in the Jefferson Medical School, recently made vacant by the resignation of Professor Wallace. It is to be hoped that its pages may still be enriched by his graceful and learned contributions. The institution to which he goes has made a wise choice in their selection to fill this important position.

——Most of us have but a faint conception of the vast extent of the writing of Galen. In a sketch of his life by Dr. G. J. Fisher, in the *Annals of Anatomy and Surgery*, as the result of a careful comparative computation, it was found that the united lines of the Bible amount to sixteen thousand feet, while those of a Greek edition of Galen extended to eighty-seven thousand feet, or sixteen and a half miles, exclusive of all headings, notes or references. It is five times more voluminous than the entire Bible. But this represents only his extant works. A portion of his manuscripts were destroyed by fire and not a few by the lapse of time. It is supposed that he wrote no less than five hundred treatises, of which one hundred and sixty-eight are supposed to be lost. He wrote not alone on medicine, but on mathematics, logic and philosophy. Most of his writings were in Greek, elegant in style, but prolix and abounding in conceit, yet fluent, "fresh and familiar as if spoken yesterday."

——In reply to a number who have written to enquire regarding their volumes sent in for binding, concerning which they

very reasonably feel concern because of the prolonged delay, it may be said that the books are now ready for distribution. There have been many delays, such as getting the portraits, concluding the printing of title page, contents and the like. The volumes may be sent for to 17 Washington avenue.

MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Abstract of the Minutes of the Semi-Annual Meeting, held May 8, 1883.

The meeting was called to order by the President, Dr. N. L. Snow.

The following members were present: Drs. Steenberg, Freeman, R. H. Sabin, W. B. Sabin, Miller, Case, O'Leary, Van Derveer, Hailes, Curtis, Lewi, Hall, Bartlett, Ten Eyck, Wheeler, H. Hun, Hale, Woodward, Lyon, Schutter, Fisk, Schofield, Ullman, LaMoure, March, Morrow, Van Slyke, Crawford, Shanks, T. P. Bailey, Rouchel and Cook.

The minutes of the last annual meeting were read and approved.

The following report was presented by the Board of Censors.

The Board of Censors would respectfully report that they have examined the credentials of Wm. L. Schutter (Albany Medical College, 1883), Walter Schofield (Albany Medical College, 1882), Joseph W. Riley (Albany Medical College, 1882), Charles H. Crawford (Albany Medical College, 1880), Frank H. Fisk (Albany Medical College, 1883), and find them correct, and that they have complied with the by-laws relating to membership. We therefore recommend their election to membership in this Society. In relation to a resolution passed at the last annual meeting of this Society regarding the manner of the election of its officers, we have to report that the Board has not yet decided upon any definite plan, but will, with your permisssion, farther consider the subject, and report at the coming annual meeting.

The report was accepted.

The gentlemen nominated by the Board of Censors were elected members.

The Vice-President, Dr. D. C. Case, of Slingerlands, read the semi-annual address, on the subject of "Skepticism in Medicine," at the conclusion of which Dr. H. S. Case moved a vote of thanks to the Vice President and that a copy of the paper be requested for publication, which motion was adopted.

The resignation of Dr. William Morgan from membership in the Society, on account of having retired from the active pursuit of the profession, was presented by Dr. Curtis and accepted by the Society.

Adjourned.

M. J. Lewi, *Secretary.*

THE

MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

VOL. IV. OCTOBER, 1883. No. 10.

A CONTRIBUTION TO THE STUDY OF PLACENTA PRÆVIA.

BY JAMES P. BOYD, M.D., ALBANY.

Although of rare occurrence, hemorrhage resulting from an abnormal situation of the placenta has long furnished a profitable theme for discussion. Aside from the interest attendant upon an investigation of the causes, clinical features and treatment of placenta prævia, the grave prognosis renders the study of the subject of great importance to the physician. The mere fact of its rarity is apt to render the practitioner oblivious of its dangers, and the sudden occurrence of hemorrhage before labor may find him irresolute in the employment of the means necessary for the efficient treatment of the complication. The accomplishment of the delivery does not always relieve the anxiety of the physician, as a fatal termination may be caused later by conditions resulting from the state of the blood of the patient or from imperfect contraction of the uterus.

Fully appreciating the dangers of this complication of labor, and well aware of the necessity for a comparison of results of many observers in order to obtain the true solution of the problem of treatment, I have concluded to present the histories of some cases of placenta prævia which have been seen by me during the last few years, and which have certain features of interest.

Case I.—March 5, 1879, I was summoned to see a case in consultation with Dr. George W. Papen. The patient, a multipara,

about 35 years of age, and in the seventh month of pregnancy, had been awakened at night by the occurrence of a profuse hemorrhage from the vagina, and when the doctor reached the house he found her lying in a pool of blood and very much exhausted. Recognizing the nature of the case, he gave the patient some stimulants, and then sent for me. Before my arrival the hemorrhage ceased, but I found the patient very weak and blanched from the great loss of blood. A vaginal examination revealed the fact that a large portion of the placenta obstructed the os internum and also dipped down into the cervical canal. Above the placenta the head of the child could be felt in the L. O. A. position. It was impossible to detect any movements of the child, and the heart sounds were not audible. As the cervix was soft and well dilated, I experienced no difficulty in making a thorough examination, and was able to convince myself that the placenta was not completely attached to the uterine circumference of the internal os. I found, moreover, that the portion which originally had been adherent to the os internum was now almost free. As the membranes were ruptured, I stimulated the uterus to contract and force the head down into the pelvis by friction applied to the fundus, and soon found the placenta well compressed by the presenting part of the child. As the labor pains ceased again, we applied the forceps, and speedily extracted the child. The placenta was delivered by Crede's method, ergot was given, and the uterus contracted well. The child was dead. The mother recovered.

Case II.—May 28, 1883, I was asked again by Dr. Papen to see the lady the history of whose case has just been given. She was in the seventh month of pregnancy, and during the night previous to my visit had flowed excessively. For some unknown reason several hours elapsed before it was thought necessary to send for her physician. When he arrived he found his patient very weak, and, discovering that the external os was but slightly dilated, introduced a sponge tent into the cervical canal. The aspect of the case when I reached the house was certainly not reassuring. The patient was very pale and feeble; the pulse was 130, the skin cold, and there was an ominous twitching of the muscles of the face and limbs. Several large clots were removed from the vagina, and also the sponge, which was found lying against the os externum. Introducing two fingers within the cervix, I discovered a part of the placenta occupying about

one-third of the circumference of the internal os on the left side. The membranes could be reached and the head of the child readily distinguished through them. As the cervix by this time was well dilated, I succeeded in passing my hand into the vagina and through the cervix until I could feel the legs of the child; then, rupturing the membranes, I easily performed version and completed the extraction. The placenta was removed without much trouble. The child was alive. Finding, to my surprise, after removal of the placenta, that there was another child in the uterus, I introduced my hand again and turned the second child, delivering it without delay. The second placenta came away by compression of the uterus. The uterus contracted sluggishly. One of the children lived a few hours after delivery, the other about two days. The mother recovered.

Case III.—Called August 17, 1880, to see Mrs. K., a multipara, about 26 years of age, in the sixth month of pregnancy. She informed me that there had been a slight hemorrhage, intermittent in character, for three days previous to my visit, but, thinking that some unusual exertion in lifting a heavy piece of furniture had caused it, and not suffering pain, had not considered it of sufficient importance to call a physician, until its persistence alarmed her. The hemorrhage ceased before my arrival. Vaginal examination did not reveal any thing unusual about the cervix uteri. The os externum would scarcely admit my finger, and the tissues of the cervix were not much softened. I thought that I could feel the head of the fœtus through the anterior wall of the uterus, and palpation of the abdomen convinced me that my opinion regarding the position of the child was correct. The labor pains did not return, and, after waiting several hours and observing no signs of hemorrhage, I returned to the office, with the intention of visiting my patient soon again. On reaching my office I found a telegram awaiting my arrival which compelled me to leave the city. Before my departure I wrote a note to my patient explaining the nature of my errand, and also enclosing the address of a well-known physician, whose services I thought she would require during my absence. A note was also sent to the physician informing him of my suspicions regarding the cause of the hemorrhage. Owing to a delay I did not reach my office until a late hour of the night. A very short time after my arrival a messenger called and asked me to see my patient as soon as possible. I found the lady in a weak, nervous

and restless state. Considerable blood had been lost during the day, and no physician had been summoned to attend the patient during my absence from the city. I made a vaginal examination, and found the cervix by this time well dilated, and my fingers came directly in contact with the placenta, which partially obstructed the internal os and also the cervical canal. The membranes had not ruptured, and could easily be felt. Having satisfied myself regarding the position of the child, I ruptured the membranes with my fingers, seized the feet of the child and turned it. The placenta was firmly adherent near the os internum, and its removal caused some delay. The uterus contracted very well, however. The very small child lived seven days. The mother recovered.

Case IV.—February 12, 1877, I was asked by Dr. J. M. Bigelow to see Mrs. McE., a multipara, in the ninth month of pregnancy. The patient, a fragile looking woman, had been flowing profusely before our visit. She was pale, and so weak from hemorrhage as to be scarcely able to raise her head from the pillow on which she reclined. The skin was cool, pulse 135, respiration rapid. As the cervix was well dilated it was not difficult to discover the cause of the hemorrhage, viz., placenta prævia. The placental attachment was partial. The head of the child could be distinguished above that portion of the placenta which, although separated, still partly obstructed the cervical canal. It was considered best to proceed at once to extract the child, as we were afraid that another and perhaps more severe hemorrhage would prevent operative measures and cause the death of the patient. Version was performed and a dead child delivered. We were not surprised to find the child dead, as before the operation we failed to hear the heart sounds. The placenta was expelled, and the uterus did not contract well. For weeks after her confinement the patient was in a debilitated state, as was expected from the nature of the delivery, but ultimately recovered.

Case V.—July 28, 1877, I was asked by Dr. Daniel H. Cook to see Mrs. K., a multipara, in the ninth month of pregnancy. The patient informed us that several hours before our arrival labor pains began, and at the same time a hemorrhage from the vagina was noticed. There had been no hemorrhage before the occurrence of the labor pains. The patient was in a critical condition. A vaginal examination soon revealed the cause of

the hemorrhage. The placenta was partially attached to the os internum, and a portion of it which had been torn off by the dilatation of the cervix could be felt in the canal. Through the membranes, which were not as yet ruptured, and which could be reached by pushing aside the placenta, the presenting part of the child's body, which in this instance proved to be the shoulder, was discernible. The cervix was well dilated. Palpation of the abdomen soon convinced us that we had a transverse presentation of the dorso-posterior variety to deal with. The various parts of the child's body were readily felt through the thin abdominal walls of the mother. The fœtal heart sounds could not be detected. No movements were perceptible. I ruptured the membranes, and, grasping the legs of the child, soon extracted it. No difficulty was experienced in the removal of the placenta. The uterus contracted slowly, and great care was taken to avoid post-partem hemorrhage. The child was dead. The mother recovered.

Case VI.—On the 14th of March, 1880, I was summoned to see Mrs. H., who was then in the sixth month of her second pregnancy. I found her in bed, and learned that whilst dressing she had been startled by the occurrence of a profuse hemorrhage from the vagina. Labor pains commencing about the same time, she with difficulty reached her bed and called for assistance. A messenger was at once sent to my office, but failed to find me. About three hours after the occurrence of the hemorrhage just alluded to I reached the patient's house. The hemorrhage still continued, although not so severe as at first, and seemed to be dependent upon the character of the labor pains. The patient exhibited great courage, notwithstanding the depressing effects produced by the terrible loss of blood. A vaginal examination soon convinced me that the cervix was dilatable, and, suspecting the true cause of the hemorrhage, I attempted to pass my hand into the uterus, but found it impossible to do so, as the placenta was centrally attached, and entirely closed the cervical canal. The fœtal heart sounds were scarcely audible. The presenting part of the child could not be well made out by vagiual examination on account of the position of the placenta; abdominal palpation, however, enabled me to discover the position of the child. Although the patient was very weak, I concluded that it would be best to perform version and extract the child. As the cervix was well dilated, I passed

my hand between the placenta and wall of the uterus, on the left side, and gradually separated the placenta until I could feel the membranes and presenting part of the child. The membranes were then ruptured and the child delivered by version. The placenta was not easily removed, and I remained with the patient for some time after the delivery, fearing hemorrhage. No hemorrhage ensued, however, and the patient made a good recovery. The child was alive, although very feeble. It lived about four days.

Case VII.—On the 30th of April, 1877, I was asked by Dr. J. M. Bigelow to see Mrs. H., a multipara, in the ninth month of pregnancy. I found the patient in labor and suffering from the effects of a profuse hemorrhage from the vagina. I learned, moreover, that slight hemorrhage had occurred during the last weeks of pregnancy. The cervix was soft and dilated, and the placenta could be felt at the os internum. Passing my finger to the side of and beyond the placenta, I felt the membranes, and was able to diagnose a vertex presentation. After a consultation, we agreed upon the mode of treatment, and with the assistance of Dr. Bigelow I performed version. The child lived. The placenta was soon removed. The mother made a good recovery.

Case VIII.—June 23, 1877, I was hastily called to see Mrs. B., who had engaged me to attend her during her confinement. The patient was in the ninth month of pregnancy, and had sent for me on account of a hemorrhage from the vagina, which occurred shortly after the inception of labor pains. The hemorrhage, which had not been profuse, ceased before my arrival, although the labor pains continued. A vaginal examination enabled me to discover a cervix dilated sufficiently to permit of the introduction of two fingers, and I easily diagnosed a presentation of the head in the L. O. A. position. Just reaching to the circumference of the internal os was a soft, spongy body, which I thought was the placenta. I waited until the child's head entered the pelvis, and then ruptured the membranes. The labor then proceeded without further trouble. The labor was not long, and nothing further of interest was noted. The child was strong and healthy. The placenta was expelled without much delay, and the mother recovered.

Case IX.—December 27, 1881, I was called to see Mrs. S. The patient, a multipara, was in the sixth month of pregnancy,

and informed me that she had suffered from pains in the region of the uterus for several hours previous to my visit, but had not thought it necessary to send for me, as they were feeble and infrequent. The occurrence of hemorrhage, however, and the expulsion of something from her vagina, the nature of which she did not understand, induced her to send for me. I may state here that the patient had suffered from the results of frequent miscarriage, and that before marriages the menstruation had never been normal. The patient looked weak and depressed. She informed me that she had not perceived any motion in the uterus for at least one week prior to my visit. The uterus reached nearly to the umbilicus. Vaginal examination revealed, first, a prolapsed cord; second, a cervix well dilated, and, third, the placenta attached to the lower uterine segment. The shoulder and thorax of the child could easily be felt above the portion of the placenta lying in the cervical canal, as the membranes were ruptured. I turned the child and extracted it. The placenta gave me some trouble on account of the adhesions. The uterus contracted well. The child apparently had been dead several days. The placenta exhibited signs of fatty degeneration. On the fourth day after delivery the patient complained of pain over the left broad ligament. There was a slight rise in temperature and acceleration of the pulse, but these symptoms of parametritis soon disappeared, and the patient recovered. I was informed later that a discharge of a peculiar color from the vagina had been noticed by the patient two months before the occurrence of the hemorrhage which ushered in the labor, but as it was slight in amount she attributed it to a uterine disease.

Case X.—October 6, 1881, I was called to see Mrs. D., a multipara, who was in the fourth month of pregnancy. She informed me that whilst sweeping her room she had felt some pain in the region of the uterus, and soon afterwards noticed that she was flowing. Feeling weak and faint, she sent a messenger for me. I found her still suffering pain. The hemorrhage continued. The vaginal examination was rendered obscure at first by the presence of many clots. I was soon able, however, to pass my fingers through the soft cervix until it was obstructed at the internal os by the placenta. I separated the placenta from its attachments to the uterus, and as the labor pains were strong the fœtus was soon delivered. The placenta was expelled, and

no further hemorrhage ensued. The patient recovered. I was informed later that the patient had two miscarriages at the third month.

Case XI.—November 9, 1879, about 1 A. M., I was hastily summoned to see a case with Dr. J. M. Bigelow. I learned that the patient, a multipara, had been treated by a midwife for two days, and had not summoned Dr. Bigelow until about half an hour before my arrival. I learned furthermore, that she was not only in labor at the seventh month of pregnancy, but was also flowing excessively. The woman was in a bad condition. The pulse 130, the skin cool and the respiration sighing. The hemorrhage began two days before our visit, and, although slight at first, had increased in severity with the development of the labor pains. A vaginal examination convinced me that Dr. Bigelow's diagnosis was correct, and that the cause of the hemorrhage was an abnormal insertion of the placenta. As the os externum was dilated to about the size of a half dollar, I experienced no difficulty in passing my finger up to the internal os, which seemed completely closed by the placenta. By separating a portion of the placenta from the uterine wall I found the membranes, and was able to feel the presenting head of the child. We concluded to dilate the cervix, which was quite soft, and deliver the child as speedily as possible. After dilatation of the cervix, the child was delivered by Dr. Bigelow with the forceps. The child was dead. The mother died about three hours after the delivery. I was not present at the birth of the child, but understood that the delivery was easily accomplished, and that the uterus contracted well after the expulsion of the placenta.

The histories of the cases present certain features of interest to which I will briefly allude.

Of the eleven cases, in one the implantation of the placenta was central, in one marginal, and in nine partial. Many of the patients had suffered from frequent miscarriages, and this fact would seem to strengthen the theory "according to which placenta prævia is due to pathological uterine contractions, and is to be considered as an arrested abortion." According to Ingerslev (Copenhagen), the theory just alluded to was first propounded by the Swedish author, Dr. Sirelius (Akadem, Afh., Helsingfors, 1861), many years before the monograph of Ludwig Müller on placenta prævia appeared.

In four of the cases hemorrhage did not occur until about the end of the ninth month of pregnancy, and then either just before or immediately after the labor pains began. This does not confirm the old doctrine according to which the bleeding accompanying placenta prævia is due to a gradual detachment of the placenta. Hemorrhage should occur quite regularly during the latter months of pregnancy if it was occasioned by the gradual development of the lower uterine segment.

Believing that it is dangerous to allow pregnancy to continue when the woman has become weakened by repeated hemorrhages from placenta prævia, I have endeavored in all suitable cases to bring on labor prematurely.

Some time ago Dr. Thomas expressed the opinion that "the induction of premature labor offers greater safety, both to the mother and child, than the plan of allowing the pregnancy to go on to term."

Six of the children died before or during labor. Of the eleven mothers one died.

Certain facts regarding the frequency and prognosis of placenta prævia from Müller's article on this subject (Stuttgart, 1877) may be of interest. Müller, by adding together the statistics of various investigators, found reported 813 instances in 876,432 births, or not quite one case in a thousand. The same writer estimates the maternal mortality at not less than from 36 to 40 per cent. Nearly two out of three of the children are born dead.

A CASE is reported of retention of a detruncated head and placenta *in utero* for forty days. When sent to the hospital on the thirty-eighth day, her temperature was normal; there was no sign of uterine action, the uterus being spread like a thin cap over the retained head. After dilating the cervix, ergot was given, without inducing pain, though small fragments of bone came away. About forty bits of bone were taken away by forceps and the placenta detached by the finger and removed piecemeal. The uterus was washed out with hot water, ergotine given hypodermically, and recovery followed.— *Weekly Medical Review.*

EXOPHTHALMIC GOITRE.*

BY E. A. BARTLETT, M. D., ALBANY.

Exophthalmic goitre is a disease characterized by a prominent trinity of symptoms — cardiac irritation, enlargement of the thyroid gland and protrusion of one or both of the eyeballs.

The above is, in general terms, the definition given for the disease in most medical works. The verdict of the superficial observer will be that the definition is inaccurate, but by one familiar with the literature of the subject and having had some experience with the disease the conclusion will be reached that it is difficult to find a more accurate definition. True, cases are continually being seen in which one or another of the above mentioned symptoms is either wanting or so slight as to be unrecognizable. In nine cases observed by the writer there was present in one no cardiac irritation, in four no apparent enlargement of the thyroid, but in none was the exophthalmos wanting entirely. In the one case presenting no cardiac irritation there had been, two years previous to my seeing the case, very considerable palpitation, with inability to lie on the left side. This, however, had passed away. Of the four cases which presented no enlargement (or but very little) of the thyroid one had had considerable, two furnished evidence of an enlargement upon the inner surface of the gland, in huskiness of the voice and difficult deglutition, while all transmitted a thrill to the fingers upon firm pressure.

Thus it will be seen that while the three signs were not present at the same time in all the cases enquiry and investigation revealed the fact that they did enter into the disease, as characteristics, in every case.

The question as to the pathological conditions which give rise to these signs, and symptoms to be considered hereafter, is at the same time interesting and intricate. Noticed as early as 1835, it was not until 1849 that the disease was fairly described. Since then much has been written upon the subject, and, diverse as were the opinions in regard to its pathology, there seems to have been, all along, a general agreement that it is a distinct disease, possessed of peculiar characteristics and furnishing

* Read before the Albany Academy of Medicine, April 19, 1883.

peculiar symptoms. The acceleration of the pulse, irregularity of the heart's action and strong pulsation, with bruit in the carotids, led to the belief that hypertrophy of the heart was the chief pathological condition (Stokes). Physical exploration, however, showing that, in a majority of the cases, there is no change of this nature in the earlier periods of the disease, led others to attribute the phenomena to a modification of the blood analogous to that found in chlorosis (Basedow). When, however, it was considered that a majority of those suffering with chlorosis are not the subjects of the disease under consideration, and that it develops as an acute affection in persons otherwise healthy, and from various causes, the pathologists were forced to other views. Incidentally we might here mention the theory which attributes the exophthalmos and cardiac irregularity to pressure of an enlarged thyroid upon the vessels and nerves of the neck, only to dismiss it by saying that the enlargement of the thyroid frequently—almost always—makes its appearance after the cardiac irregularity and vascular excitement have existed for a long time, and in simple bronchocele we sometimes find an enormous enlargement of the thyroid without either cardiac irregularity or exophthalmos. There are noticed certain symptoms attendant upon the course of this disease of which we have not yet spoken. They are a want of harmony between the motions of the eyeball and the movements of the lids; the upper lid, which ordinarily moves with the vertical movement of the eyeball, does not now change its position. (This has been found in but seven of the nine cases hereinbefore referred to.) There is restricted horizontal motion of the eyeball—an inability to turn it outward beyond the median line. (This was observed to be present, in a greater or less degree, in each of the cases herein referred to, there being in two marked convergence. There were, furthermore, diplopia, vertigo and nausea, with pain at the base of the occiput. These latter symptoms may have been due, for the most part, to the inharmonious action of the two eyes. I have not found them mentioned by authors generally). There are neuralgic pains in the distribution of the trigeminus, a brown discoloration of the skin, erythematous eruption at the margin of the scalp, œdema of the lids and the integument in the supra- and infra-orbital region, besides numerous other signs of a similar nature, all of which point to the sympathetic nervous system as the seat of a pathological condi-

tion. These led to a theory, by Geigle, that the disease is due to paralysis of the cephalic and vascular nerves contained in the cervical sympathetic and to simultaneous irritation of its oculo-pupillary fibres.

Let us now turn our attention for a moment to these so-called trophic changes of which mention has just been made, because here it is we shall find the nearest approach to a solution of the difficult problem of treatment. Danielsen and Boeck, in 1856, first called attention to the cutaneous eruptions occurring along the course of the nerves in neuralgia; Baerrensprung, in 1863, found the irritation of the trophic fibres occurs at their point of origin in the intervertebral ganglia; Brown-Sequard, in 1865, and Charcot, in 1866, found intense redness and enlargement of the ganglia and nerve trunks within the intervertebral foramina, attended with trophic changes; Haight, in 1868, found connective tissue degeneration attendant upon swollen nerve fibres; and O'Wyss, in a case of herpes in the distribution of the first branch of the trigeminus, found purulent inflammation of a portion of the Casserian ganglion and of the nerve. In each of the cases cited it will be noticed that there is no complete solution of continuity, and this is in accord with opinions advanced by the American military surgeons that "trophic disorders of the skin appear, especially after incomplete nerve lesions, as a result of inflammatory irritation of the nerves." Further investigation will be necessary to settle the question, but enough has been cited to serve the purpose of this discussion. It has been stated just above that the opinion is held that exophthalmic goitre is due to paralysis of certain fibres of the sympathetic. The advocates of this theory cite the experiments in section of the sympathetic to substantiate their theory, maintaining that the dilatation of the vessels in the head and neck, with the attendant rise in temperature produced by such section, and the same phenomena seen in exophthalmic goitre are the result of analogous causes. This would seem to be true in some cases, but not true in others. We have already seen that investigation leads to the conclusion that trophic changes occur as the result of irritation, rather than paralysis, of a nerve, and we may therefore infer that in those cases in which trophic changes occur there exists the former condition. Accepting the experiments of the Cyon brothers and others, we may affirm that "the increased action of the heart and the increased pressure in the

aortic system are the results of irritation of the vascular nerves of the heart contained in the sympathetic." The conclusion, then, at which we have arrived, thus far, is that we have at least two classes of cases in the disease called exophthalmic goitre.

An examination of the symptoms and a glance at the treatment of the nine cases before referred to would seem to support this conclusion. Time will not permit a detailed statement of these, but it may be stated that some of them presented trophic changes and others did not. In two these changes were manifested only by a brown discoloration of the skin; in three others there were, besides this, erythematous eruption and œdema of the lids and supra-orbital tissue upon the right side (the side upon which the exophthalmos existed); the other four presented no such phenomena. It is worthy of remark that no one of these cases exhibited any other symptoms of paucity or poverty of the blood than the disease under discussion. The point of peculiar interest is the different effects produced by galvanism as used in the treatment of these cases. In each of the cases presenting trophic changes the current passed from the periphery to the centre produced no beneficial effects whatever, and in two of them exacerbation of existing symptoms, with the production of others unfavorable, followed such application; an application of the positive pole upon the cervical ganglia, however, or along the course of the cervical sympathetic produced immediately beneficial effects, the pulse in one case being temporarily reduced from 140 to 98 beats. In the cases presenting no trophic changes the opposite was true. Whether we accept the statement or not that galvanism passing in reverse along a nerve is irritating, and *vice versa*, we shall, nevertheless, have the theory of "polar effect" to urge us to an acceptance of the conclusion that cases of exophthalmic goitre presenting trophic changes are due to irritation of the fibres of the sympathetic, and those presenting no such changes are of paralytic origin. The difference of opinion among writers in regard to the value of galvanism and the method of its application, which is very marked, is perhaps due, in part at least, to the varying conditions here mentioned. It certainly is true that one case may improve under one method, but have the symptoms aggravated by the other method, and in another case the reverse will be true. It is unnecessary to state that it is not claimed that galvanism will cure, or even relieve to any extent, all cases of this disease. Treatment necessarily

extends over a long period, but time will frequently be saved by bearing in mind the statements herein made. From one to two years have been occupied in the treatment of each of the cases referred to in this article, and varying success has been attained. In all but one there has been some improvement, and in that one the disease had existed for some five and a half years, and the patient was the victim of constitutional disease. In four there was recovery, at least so far that there was no apparent sign and no discomfort on the part of the patients, who attended to their daily avocations, and have done so for three or more years since their discharge. Two of the four remaining were somewhat benefited, but in the one heard from there was a relapse. The other two are yet under observation, one about well (having been under treatment fourteen months), and the other, although having just come under my observation through the kindness of Dr. Rouchel, has already some improvement manifest. The medicine administered in these cases were Syr. Fer. Iodid., Pil. Quin. Fer. et Strych., Liquor Pancreatic Co., Pepsin, Bismuth, and alteratives from time to time. Their administration was sustained for no great length of time, having been exhibited as they seemed to be indicated.

In conclusion we may briefly sum up the matter by saying: There seem to be two classes of cases, the first being characterized by symptoms indicating paralysis, the second by symptoms indicating irritation of the fibres of the sympathetic. In the former galvanism in reverse, in the latter galvanism direct, proves efficacious for relief or cure in many instances. Galvanism is a very important adjunct in the treatment. Perseverance in treatment is absolutely necessary. Prognosis in recent cases is very hopeful.

P. S.—Since this paper was written the case mentioned in it as having recently come under observation and already indicating some improvement developed spmptoms of serious intracranial trouble, and within four months of the time of commencing treatment died with symptoms of cerebral tumor. The improvement spoken of was relief of cardiac irregularity, which, however, was but temporary. Unfortunately no autopsy was permitted. Had there been, there is little doubt we should have found the tumor—probably a glioma—in the neighborhood of the pons Varolii. Had we been able to demonstrate this, it would have assisted much in the direction of the theory advo-

cated in this paper, there having been trophic changes (supra- and infra-orbital œdema and herpes over the distribution of the first division of the trigeminus), caused, probably, by the irritation engendered by the presence of the tumor. It is interesting to note that in this case when it presented itself, there were not only cardiac irregularity and unilateral exophthalmos, but a distinctly enlarged, pulsating thyroid, with *bruit.*

SELECTIONS.

Benzoate of Iodine is recommended by Dr. W. P. Watson, in the *Medical Record*, in the treatment of acute gastro-intestinal diseases—dysentery, cholera morbus, colic and the like. The philosophy of its action he does not undertake to formulate, but has found it to give quick and permanent relief. In a case of dysentery, reported, where the symptoms were quite urgent and had failed of relief by various diarrhœa mixtures domestically given, relief was marked at the first dose, vomiting and tenesmus being soon entirely restrained and the discharges becoming feculent. It was given in doses of seven and a half grains, every half hour, in simple elixir, until four doses were taken. In three similar cases it proved satisfactory. In a case of cholera morbus fifteen grains were given at once and half that quantity repeated at half-hour intervals, with complete relief in a few hours. The same treatment was used in a case of severe intestinal colic, where morphia was known to have had bad after effect, was attended with similar results, relief coming within a few minutes after the first exhibition of the remedy. It has also been found useful in the bowel complaints of children when the passages are greenish, lumpy, mucoid and frequently streaked with blood, giving it in hourly doses of one grain for each year of age of the child.

Glycerine, internally administered (Dr. Tisné, *Gaz. des Hôp.*), exerts a beneficial effect upon nutrition, increasing the weight and palliating many of the distressing symptoms in phthisis, such as loss of appetite, diarrhœa, night sweats and insomnia. Its action upon the liver is manifested by an increase in the size of the organ and a more abundant flow of bile. It has a diuretic effect, and increases the excretion of urea, the chlorides and the phosphates. The alkalinity of the urine is diminished, and if any pus be present in this it is greatly lessened in amount.—*New York Medical Journal.*

Dr. Goetan Delaunay has just communicated an interesting paper to the French Anthropological Society, in which he seeks to establish that right-handedness is not an acquired habit, but is a natural attribute, characteristic of the superior races. Savage tribes, he states, and communities in an inferior state of civilization show a much larger proportion of left-handedness than highly civilized people do. Idiots and epileptics offer a very large percentage of left-handed individuals, and there are more left-handed women than men. His general conclusion is that in the evolution of the species there has been a steady tendency to the development of the right side of the body at the expense of the other, and that the examples of left-handedness still to be met with in the superior races are mere survivals.—*Popular Science News.*

As to the the pathology and treatment of tuberculosis, discussed at the German Congress of International Medicine, Prof. Rühle, of Bonn, stated his conclusion that it is an infectious disease, the bacillus of Koch is its special cause, its transmission by contagion is established, the exact method being not known, tuberculosis is identical in man and animals, therapeutics relate to prevention, but the best method cannot be formulated. He urged the use of disinfection, isolation and antiseptics.

Dr. Fraentzel, of Berlin, as to the antiseptic treatment said that menthol camphor, naphthalin, analin, etc., had been employed with negative results.

Prof. Klebs, of Zurich, believed it demonstrated that bovine tubercle was communicated to man. He thought a predisposition necessary for contagion to occur; that the intestinal tract was often the place where the infective virus entered.

Prof. Hiller, of Berlin, had made injections into the lung tissue, in phthisis, of corrosive sublimate, bromide of ethyl and alcohol, without result.

Schott, of Mannheim, recommended salicylate of sodium and sulphurous acid as antiseptics in tuberculosis.

Zeigler, of Tübingen, presented views as to the entry of virus, by three channels—the blood vessels, lymphatics and lungs. Not a voice was raised against the view that tuberculosis was an infectious and parasitic disease—*Philadelphia Medical and Surgical Reporter.*

In two cases of snake bite, Dr. George H. Carpenter (*Medical News*) reports recovery following local and internal use of the compound tincture of iodine, a single dose of ten or fifteen drops being given and poultices of raw onions being applied. The bites were by a copperhead snake.

THE MEDICAL ANNALS:

A Journal of the Medical Society of the County of Albany.

EDITORIAL COMMITTEE:

F. C. CURTIS, M.D., LORENZO HALE, M.D.,
A. VAN DERVEER, M.D., JNO. BEN. STONEHOUSE, M.D.,
WILLIS G. TUCKER, M.D.

VOL. IV. OCTOBER, 1883. No. 10.

——How to escape the noxious influences of our organic refuse is the prominent question among hygienists. Our worst endemics and epidemics are connected with it, as we well know, and it is impossible to estimate the amount of sickness, sorrow and death due to improper elimination of waste matter. It is not possible, with our present knowledge, perhaps, to avoid the chance of contact with these dangerous products of decomposition altogether, but nothing is more certain than that to a very great and needless degree we sin against known hygienic laws. For one thing, it is known that the conduits for house waste should be impervious, yet in a vast number of houses in this city the most flimsy contrivances for drains exist, such as planks separated by loose bricks. Often these run under the the house, carrying the rainfall of the house and yard, as well as the house refuse. No doubt the violent storms of the past summer have made havoc with these, and the saturation of the soil with decomposing material, easy before, has been made necessary. Hence the vile odor that we find in the basements and through the house, in many cases, now of late, and the attendant sickness suffered by the inmates. Physicians ought to insist on the rectification of such evils.

All vaults and cesspools ought to be abolished. They are vilely offensive and poisonous to animal life. Even in the most primitive conditions they are needless. The earth closet for isolated houses and either that or the "pail system" for larger villages furnish a perfect solution of the question of excremental disposal, and establish their utter needlessness. But in a water-

supplied city certainly they ought not to be tolerated; yet in this city they exist to an abominable degree. Such a completely gratuitous exposure to poisonous influences should be done away with by health authorities. Yet their evil is considerably less, even in the crowded city, where there are no wells to be poisoned by them, than in the village where the vault and well occupy the same narrow yard.

The responsibility of the profession to remedy these evils is imperative. What part of his work does that physician do who simply prescribes for case after case of typhoid fever in a house without enquiring well into its cause? The ill-judged attempts of the people to remedy these offensive conditions are often pitiable. The writer visited a house in a neighboring village where within two or three years as many precious young lives had been sacrificed. There were all the appointments of a delightful home. Although there was no water supply, the recently constructed house had been fitted with sewage pipes and water pipes for prospective use. There were basins, sinks and a water closet on different floors, and particular attention was called to the traps under each, though, of course, they were for the most part dry. The water closet was used only to throw chamber slops down, no other water passing down save part of the roof water, and that from a pump which emptied over the kitchen sink. The waste pipe went to the bottom of the yard, not many feet, to the privy, and, receiving all its contributions which did not adhere to the hopper with which it was fitted, emptied into the river, on the abrupt bank of which it was located. Much pride was taken in exhibiting these appliances for comfort and supposed health, but ought they not to have been told long ago that, axiomatically, waste service without water supply was offering a hearty invitation to disease to enter the household, and that in all probability their own ill-judged efforts after healthy surroundings were the very cause of their trouble. Let us prescribe more for the premises and not alone for the patient. The reader can find abundant opportunity as he goes his rounds to morrow, in this fall season, to give salutary advice that is the outcome of his intelligent study of the surroundings of his patients, and to instruct the people to more hygienic ways. Let him ask himself why not only the typhoid or diphtheritic or scarlatinal patient is sick, but why one has the simple febricula, or the general

functional derangement, or the persistent headache, or periodic neuralgia, or why another is growing pale, anæmic and has no appetite, or why the old quotidian of years ago shows itself and refuses to yield, or even why this young person has incipient phthisis. What if malaria is the fashionable cry? May be bad air has something to do with all these conditions; it is worth while to look for it—we know the possibilities of finding a source for it, and we know its baneful effects.

A noted Boston physician, whose attention is given solely to medicine and not surgery, narrating his summer experience in the Adirondacks, told of a case of surgery that came to him there—a fractured limb. He was the only medical man in the vicinity, and that fact was compulsory enough to take him several miles more than once away from his enjoyments to see the poor fellow who had been hurt and needed such care. This illustrates the imperative nature of the claim upon the knowledge a physician has. If he cannot shirk it when out of his habitual surroundings, he most certainly cannot when the interests of his own neighborhood and *clientelle* are affected. Rights and immunities are granted him, and he owes the public in return such service as the registry of vital statistics and the local health interests demand. But, most of all, he owes to those who commit their individual interests so largely to him such responsible, intelligent care, as to the health of the homes, the anticipations respecting the developing children—in all ways the prevention of disease, as far as possible, by removal of existing causes for it, or such as his professional interest foresees—as shall be commensurate with the often wonderful trust reposed in him and the high obligation that must rest upon one who has a kind of knowledge that is of such imperative value to his fellow men. Of all his knowledge none can be more wise and valuable than that pertaining to prevention of disease, that which tells how to prescribe for the home and how to escape the noxious influences of organic refuse.

——On the drainage problem the *Medical and Surgical Reporter* says, after deprecating the effect of the present system of carrying our sewage to rivers: "Organic refuse must go where it belongs, to nourish lower organic life. We do not mean to deprecate the use of water closets; they are necessary conveniences to our present state of civilization; but what we

mean is that instead of carrying our refuse into water courses, we should cause it to accumulate in suitable localities, remote from the cities, where it can be utilized in the manufacture of manures. One of our leading seashore resorts is about to introsuch a system of drainage, and they calculate that the sale of the refuse, in the shape of manure, will pay all the expense of maintaining this system of drainage."

To this opinion might further be suggested the necessity of these fertilizers to the land. Farmers about this city of Albany are ready to pay almost any price for the stable accumulations, which years ago they could have for the removal. The soil about all large cities is steadily pouring its product into them, and it pours through them like a funnel and is lost. Another generation will be amazed at the enormous waste of our emptying into flowing streams with the hope of so disposing of the the excrementitious matter of cities, which, in the order of nature, should be returned to nourish vegetable life. And their amazement will no doubt be greater at the unsanitary feature of our drainage. It must be that a practical solution of this problem will yet be found, so as to turn an evil into a good.

——Those who believe in the certain curability of syphilis may ponder this case, reported by Dr. Davey in the *Cincinnati Lancet and Clinic:* A gentleman, 70 years of age, presented an ugly ulcer on the leg of several months' standing, on the anterior aspect and extending into the substance of the tibialis anticus muscle, an inch deep by two and a half long, with ragged edges and a sloughing base. He reported having had chancre fifty years before, followed by secondary manifestations. After treatment all symptoms disappeared, but ten years after they returned. They again disappeared promptly on treatment, to return ten years later, and through the rest of his life they returned with every decade, always yielding kindly, however, to treatment, as they did in the present instance, on five-grain doses of the iodide of potassium in combination with one-sixteenth grain of biniodide of mercury, dilute nitrate of mercury ointment being used locally. Improvement seemed to begin the very day the treatment was instituted, the breach filling rapidly and being completely cicatrized in the course of a month.

——Dr. L. D. Bulkley will give a seventh course of lectures on diseases of the skin in the pathological amphitheatre of the

New York Hospital, Wednesday afternoons, at 2:30 o'clock, commencing Wednesday, October 17, 1883. The lectures will be didactic and clinical in character, covering the entire subject of diseases of the skin (including syphilis), and will be freely illustrated by colored plates, photographs, life-sized models, the blackboard and abundant clinical material. The pathology, differential diagnosis and treatment of diseases of the skin will be especially considered. The course will consist of twenty lectures, and will be free to practitioners of medicine and medical students. Dr. Bulkley's ability as a teacher is too well known to need any comment, and all who can will be glad to avail themselves of this announcement.

BOOK NOTICES.

THERAPEUTICS, MATERIA MEDICA AND TOXICOLOGY. By H. C. Wood, M.D. Fifth edition. J. B. Lippincott & Co., Philadelphia. Price, $6.00.

The first edition appeared in 1875. In 1883 the fourth edition was issued and exhausted, and the fifth edition follows in the middle of the same year.

Loose statements of writers as to therapeutics have often entailed disappointment to the practitioner in the application of remedies, and have developed in the seeker of books on therapeutics a degree of caution in purchasing. But in Wood's Therapeutics the statements bear the impress of having been carefully considered, and have been reviewed through five editions. Sources of information are freely quoted, and for the admirer of physiological experimentation in drug-action, as opposed to the mere empiricist, this volume is a desideratum.

Clinical experience, or empiricism, is not, however, to be despised; it will never be out of date. What clue has physiological experimentation furnished to direct us in the employment of very many of our medicines—for instance, arsenic in pemphigus, mullein in phthisis, crotalus in scarlatina? We have no other guide in their use but past past experience, and are not likely to have. Indeed, where the work of the experimentalist is of value in therapeutics, it is only where it has been proven so by actual clinical trial. This is necessarily admitted by the author, where,

on page 146, he says that the experimentalist has shown that digitalis would do harm in simple cardiac hypertrophy, and then supports this contra-indication of digitalis by a quotation from the empiricist, Niemeyer.

Specially noticeable in the book is the omission of *exophthalmos* from the list of conditions in which digitalis is of service, and, further, the positive statement that iodine is of value in the same disease. Surely the opposite teachings of the distinguished clinician, Trosseau, are not to die with his death.

In the chapter on disinfection due credit is given to Prof. Michaelis, of our Albany College of Pharmacy, for the method of purifying filthy water by the oxidation of iron.

The part on electricity, with five pages of plates, add materially to the value of the volume for both student and practitioner.

The "Art of Prescribing," in the Appendix, is brief; but the reading matter of the book, from beginning to end of the 717 pages, exclusive of the two full indices, is of such value and interest as to incite in the reader an Oliver Twist *encore*.

L. H.

The International Standard. A magazine devoted to the preservation and perfection of the Anglo-Saxon weights and measures and the discussion and dissemination of the wisdom contained in the Great Pyramid of Jeezeh, in Egypt. Published by the International Institute for Preserving and Perfecting Weights and Measures. Boston and Cleveland. Bimonthly, octavo, $2.00 per year.

From the four numbers — 292 pages — thus far issued, we abstract enough to show that the special work of this *International Standard* is to make public the proof, "from cumulative evidence, gathered everywhere by writers expert each in his own department, that the French metric system is not worthy to supersede our own, but that, on the contrary, our hereditary weights and measures may be made far superior to the French." The Anglo-Saxon system, which Dr. Barnard, of Columbia College, has spoken of as constructed without thought of scientific method and as owing its earliest forms to accident or caprice, "we shall show—far from being a relic of a barbarous age—is really the somewhat degenerate outgrowth of a primeval system of marvelous perfection, whose extinction would be an irreparable loss. We shall find that our inch was used in the construction of the Great Pyramid of Egypt, 4,000 years ago,

and that it there forms part of a complete and perfect system of mathematics whose range is as broad and as deep as the science of to-day."

Of the means of extension of the French metric system outside of France, Dr. Barnard has written: "The conquests of the first empire carried the system forcibly into portions of Germany, into Italy and into the Iberian peninsula. * * Its existence was a badge of subjugation and a perpetual reminder of the humiliation of those who were compelled to use it." Of its present inconvenience in France the "United States Dispensatory" has said: "Though the decimal system of weights and measures was established by law in France, it was found impossible to procure its general adoption by the people, who obstinately adhered to the *pois de marc* and its divisions; or, if they adopted the new weights, gave them the names of the old weights to which they most nearly approached. One reason for this adherence to the old weights was the convenience of division into halves, quarters, etc., of which the new were not susceptible. So that three systems are now more or less in use in France."

France has proposed that all nations should unite in erecting a building in which shall be constructed a chamber that shall always remain of uniform temperature, to be used as a place of deposit for standards of weights and measures. This desirable object has already been accomplished by the builders of Jeezeh's Pyramid, who have with studious pains prepared a record of England's present linear measure and higher mathematics, as perfectly defined as though the British themselves had recently built the pyramid for this very purpose. The facts concerning the measures revealed "in the King's Chamber and its coffer are much too numerous, too beautiful, too mathematically correct to be the result of chance or mere coincidence."

Among the distinguished men who have given their energies in behalf of the International Institute are our lamented Garfield, M. L'Abbe F. Moigno, founder and director of the scientific journal, *Cosmos les Mondes*, for over thirty years one of the first scientific journals of Paris, and canon of the Cathedral of St. Denis; Mr. Charles Casey, civil engineer of Pollerton Castle, Carlow, Ireland; Mr. Charles Latimer, president of the International Institute and chief engineer N. Y., P. and O. R. R., and others.

L. H.

THE ROLLER BANDAGE. By William Burton Hopkins, M. D., demonstrator of surgery in the University of Pennsylvania, etc. Seventy-three illustrations. J. B. Lippincott & Co. 1883. Cloth, $1.25.

This is an attractive little book, of 100 pages, on the subject of bandaging. The plan adopted in it is to teach by illustrations rather than by elaborate descriptions. Applying the bandage to the living subject, whenever it reached a point which was found by association with students to be difficult or uncertain, it was at once photographed, and from these photographs the engravings are made. While at first thought such a subject as bandaging may seem, to the inconsiderate, of but slight importance, it will not so strike those who are in the way of doing it much. There are few physicians who are good bandagers, and to many not accustomed to the application of bandages the art is intricate and impossible. Medical students find it difficult to get hold of it from the teacher, unless they have the advantage of hospital practice. This manual is to be highly commended for doing in the simplest way just what it proposes, delineating the steps of various sorts of bandagings by a multitude of lucid illustrations, with enough verbal description to make them entirely clear. While the subject is not novel, the way of presenting it is, and it is a pleasure to recommend it as in every way commendable.

F. C. C.

THE following method of vaccination is commended by Dr. Charles R. Moore: With a perfectly clean, sharp lancet I make five or six single scarifications, holding the lancet as a pen is held, resting securely, but gently, on the arm of the person operated on, which I hold in the left hand. When done lightly, but sufficiently, it does not waken a sleeping infant. The lymph is then gently rubbed across the ltttle wounds, which are made to gape by slight traction on the adjacent skin. It is not necessary to make the incisions deep. The result is usually one or more vesicles.

AS A REMEDY for chronic constipation one drop of tincture of belladonna, U. S. P., in half a tumbler of water three times a day, has been represented to be efficient. It is not unlikely that the water is entitled to as much consideration as the drug, for constipation often results from a too sparing use of it.

THE

MEDICAL ANNALS:

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CASE OF SUBCUTANEOUS SECTION OF FEMUR ABOVE TROCHANTER MAJOR.*

BY A. VAN DERVEER, M.D., ALBANY.

Believing that cases amongst which we would class the following are not so very numerous, I have thought best to report this one.

Miss P., aged 19, possessing a bright, happy expression of the face and very cheerful disposition, through the kindness of Dr. S. Peters, of Cohoes, came under my observation first in September, 1881, giving the following history:

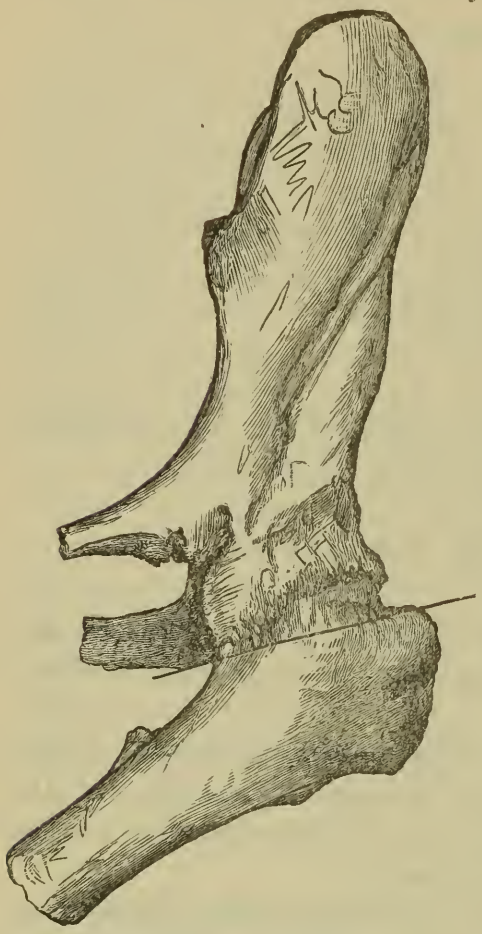
At the age of two years she fell down stairs, and shortly after she was noticed to turn slightly when walking, and soon complained of pain in the knee. She was treated for rheumatism. Three years after the limb began to contract, and an extension splint was applied. Shortly afterwards, when the splint was removed, she fell again, injuring the same limb. After this the joint underwent severe inflammatory changes, suppuration taking place, and finally anchylosis resulted.

At the time she entered the Albany Hospital—October 5, 1881—the leg was anchylosed at the hip joint; it was partially flexed on the body and adducted, the knee being thrown in front of the right one. She walked by the aid of a raised shoe and cane, turning the whole pelvis, there being extreme mobility, as

*A portion of this paper was read at the meeting of the New York State Medical Society, February, 1882, but not published in full until the result was known more positively

well as a curvature anteriorly of the spine in the lumbar region. When lying in bed the leg was flexed and the curvature in the lumbar region very marked.

For the relief of the deformity which made sitting and walking so difficult it was decided to do a subcutaneous section of the neck of the femur. October 10, the patient having been put under ether by Dr. Mosher, assisted by Drs. Ward, Snow, Hailes, Vander Poel, Jr., and house staff, I made an incision a little over the top of the great trochanter, and divided the muscles down to the neck of the bone by the use of Shrady's trocar with saw. So far the operation was subcutaneous, but, on attempting to use the saw (which for a time gave us great embarrassment, trying to saw from within out, thus avoiding the femoral vessels), it broke off in the wound, necessitating its enlargement, which was done antiseptically under the spray. The broken saw was removed with some difficulty, and the operation proceeded with, the section of bone being completed by an ordinary long, narrow, metacarpal saw.



LINE OF SECTION OF NECK OF FEMUR.

It was found necessary, after the section of the bone, which was made just above the trochanter major, to perform tenotomy on the tendons of the adductor muscles.

The figure, copied from a specimen in my private museum, Albany Medical College, gives a very fair illustration of the supposed condition of the joint and position of the femur, also the direction of the incision through remains of the neck of the bone.

Extension was then applied to the limb by means of the stocking and bandage, with about fifteen pounds weight, and kept up for about six weeks. A small abscess formed at the point of the tenotomy, but the wound over the trochanter healed kindly.

There was considerable oscillation of the temperature, it occasionally going quite high. This, however, gradually improved, and, at the end of about seven weeks, she was allowed to sit up, and soon after attempted to use the crutches. The condition at this time was about as follows: The limb is nearly straight with the spine when lying on her back, the shortening being only about one and a quarter inches.

January, 25, 1882, one hundred and seventeen days after the operation, she writes: "In lying on my back and with the limb straight, the knee is raised somewhat, but not uncomfortably so; on either side I lie naturally. The position when sitting is upright, and a slight bending forward is possible. As I bear more weight on the foot, I find my back is not as straight as was at first supposed—not as before, however, deformed. With the cane I walk easily, not being obliged to turn as those with a stiff joint; without it I do not walk well, but bend toward that side. I do not think the motion of the hip joint increases very much. The foot cannot be reached as the other is, but only by bringing it backward. This is the only difference I notice in the use of the limbs."

The patient's parents write that the improvement is far beyond any thing they had expected.

In a letter dated October 10, 1882, she says: "One year ago to-day, at this time in the evening, I felt as though I had been used pretty badly, but I have changed my mind since then. To-day I think I never took a better step in my life than the one I took in getting upon that dreadful operating table. I do not regret it in the least. I wish you might see me for yourself. Since the middle of June I have walked without my cane—at first awkwardly and fearfully, but now easily, and, I think, without much limping. My general health is excellent. I do not find myself inconvenienced by my lameness at all. In fact, I hardly believe myself the same girl who went to the hospital a year ago. When getting about after my return home, had to have all my clothing changed, dresses being too short, and in many ways my form has altered decidedly."

July 12, 1883, I made an examination of Miss P.'s case, and found the improvement in her walk, the erect position she assumes in standing, and the ease with which she can sit down, and also bend forward in putting on her shoe and stocking, to be truly wonderful. The apparent curvature of the spine has

disappeared. There is, without doubt, some motion at the hip, which she is sure is increasing. In walking, a stranger would scarcely notice any defect. The limb has developed in size, and, as regards length, she wears the shoe of that foot raised only about half an inch.

The case may be looked upon, I think, as in every way a decided success.

The saw was repaired by Messrs. Tieman & Co., who found a flaw at the point of breaking, and in another similar case I should certainly use it.

OPENING ADDRESS OF THE COURSE OF LECTURES AT THE ALBANY MEDICAL COLLEGE.

BY JOHN P. GRAY, M.D., UTICA.

If one, after these four thousand years of the world's history, should ask if there were any thing new or original to be said on any medical subject relating to the welfare or conduct of man, the first answer would be, "No," but after a little reflection the answer would be, "Yes," and both of these answers would be correct. All fundamental truths remain unchanged and all natural laws, for they remain "the same yesterday, to-day and forever;" but the estimates of truths by men in various epochs of the world, their significance, their boundaries, their application to existing affairs, constantly change. Man's discoveries in nature and her laws, whether they relate to himself or to any other thing in nature, are always new to him, and as this knowledge is unfolded he writes it down as progress in science; and, though he is living in an almost undiscovered country, he is, nevertheless, apt to draw the conclusion, at any period in which he takes a survey, that he really knows it quite well; but when any one seriously asks him what he has personally discovered or done, and what he positively knows, apart from what he has learned from others, he immediately finds himself moving in a very limited field. Indeed, only few men when asked, at the close of life, to state what they have added to the accumulated knowledge of the world, can say truly that they have added any thing. They have taken a more or less limited survey of

existing knowledge, have endeavored to select from time to time such parts as they may think they require in the department of life in which they have decided to enter and work, and all these they have appropriated, many claiming possession, possibly, of some of this knowledge, under a sort of "squatter sovereignty." Very appropriately one who has read and acquired much of this general stock is apt to be called a man of learning, even though an original thought has never crossed his horizon. This applies to medicine equally with any other department of learning, and men eminent in the literature of the profession often have little or no practical knowledge outside of these acquirements—men who only seek to know what is known or supposed to be known.

This acquisition of medical knowledge is, in a broad sense, what we mean by medical education, but this does not really and substantially educate any man as a physician, for, even though he be thus learned, such learning is merely the outfit for a start in the profession. Perhaps we are all, in one sense, in the beginning, "carpet-baggers"—some with a bag well filled with this common stock, while others start with a mere grip-sack, which is, perhaps, half filled. The character and quality of each package are the test of their importance, and circumstances, unfortunately, rather than ability and judgment, too often determine these possessions.

We are not quarreling with the system that thus sets a man out on his professional career, or proposing any thing in its stead, but merely stating facts with which you are especially concerned. However known to you these things may be, it is now of the highest importance that you should carefully and wisely consider them. You appear at the door of this institution variously supplied with knowledge, elementary in some, perhaps, and in some profound, and count yourselves equipped for the study of a learned profession. You have been taken at your word, and the college has here formally opened to you the opportunity and means for such study and acquirement of knowledge. Then, conceding your preparation, your ability, your character and fitness as candidates, you enter fairly on your own merits. The drawbacks and defects, if any, are yours. Thus you stand face to face with a period in your history which is a turning point to you of success or failure. The college welcomes you with its best wishes and hopes for your high-

est success. For this it will put all its resources of instruction and guidance at your service. The energy, spirit, zeal, determination and industrious purpose which which you here enter and pursue your course will mark the measure of your success, not only with reference to your acquisitions and a degree, but largely through your lives. You are henceforth no longer boys. On entering here for the attainment of a place in the world in a high and honorable calling, you are men. We welcome you as such, and the more you show yourselves entitled to this distinction the more you will honor the college and the more the college will honor you.

The body of medical literature is very great, especially if one include that which is defunct, as well as that which is still vital. I do not refer here to old and new as defunct and vital. Some of the oldest is as fresh and potent to-day as when first uttered, while of the more and even most recent too much may be found both "stale and unprofitable," and even lighter than the vanity of the authors. But you need not be overwhelmed at this. You have before you at present your text-books and your instructors, and you need not now look further.

Among the duties of teaching will be that of winnowing the chaff from the wheat, or at least of giving you the true idea of the science of medicine as your instructors understand it—that which is generally accepted by those most competent to judge as within the present state of knowledge, and of pointing out to you that which is known to be fallacious, or useless, and showing to you at the same time, and as clearly as they may, what is doubtful or what is not sufficiently substantiated to be accepted with full credence. You will also have pointed out to you the direction in which investigation and inquiry are being pursued, in order to confirm or disprove questioned matters by the development of any new facts.

In entering upon the study of a profession it is certainly wise to fix in the mind, as far as possible, all the exact and uncontradicted, as well as the reasonably assured facts in any department of such profession, afterward acquiring all that time and opportunity will afford of the historical and progressive records. In doing this the true and the erroneous may often be best brought in contrast in order to show the true more clearly, and at the same time point out more conspicuously the nature of the erroneous.

But, whatever the method employed by the various instructors, you can well rely on this: If you give the same earnestness and zeal to acquiring knowledge as they will in imparting it, you will succeed. To do this you need not lay aside or forget every thing else but your medical studies. You will, if you are really studious, need recreation; but take this always after study and after a day of faithful attendance at lectures, when it will be most beneficial, for it will not then be marred by the accusing ghosts of neglected duties. Mingle duty and recreation like rational and sensible men, and steal no time from either. If the young only went astray in these respects, the temptations of life to idleness could be better mastered, but unfortunately "delay" and "to-morrow" are, alike, the bane of all periods of man's life. These are the fatal words with which men first lull themselves to accept pleasure, self-indulgence and idleness at the expense of duty. They say "after a little while," or "we shall do it to-morrow." Soon to-morrow becomes the habit of life, and we all know how little certainty there is of any to-morrow to any of us. Do every day faithfully its work, and you will never need the refuge of delay and the habit of prevarication it too often engenders in dealing with yourself or others.

It is sometimes said there are too many doctors. This may be true. We cannot stop to discuss the question here; besides we should not hesitate in educating members of the profession until the ranks are full of the best. It is as true of medicine as Webster said of the law, "There is always room at the top." We want more top men. Any one who looks over the daily papers or druggists' advertisements will be sure there are not too many physicians while so many nostrums are consumed by the people—mixtures of unknown character and composition, and denominated in a general way "*patent medicines*," purporting to be products of medical experience, most of them with certificates of character and wonderful cures effected; blood purifiers, pain-killers, worm eradicators, soothing syrups, tonic bitters, liniments and pills for men and women and children, and for all real or imaginary ills of mankind. This state of things, however, is nothing new. At all times in the history of the world secret and mysterious remedies have been used. Louis the XIVth of France, in 1679, called in an English doctor named Talbot, who claimed a secret remedy for intermittent fever, to prescribe for his son, then suffering from a stubborn attack of

this disease. The Dauphin rapidly recovered his health, and the king bought Talbot's secret for 48,000 livers and granted the physician a life annuity. The remedy, which turned out to be merely a tincture of wine or cinchona, was made public by the monarch's direction. The "secret remedy" was nothing new. The bark had been so used for more than forty years, and was introduced in 1640 into Europe, and its great value demonstrated by Dr. Roland Sturm, of Antwerp. It had already been discovered in the forests of the Cordilleras, and as a febrifuge had been put to service for a long time by the natives of those countries, but before that time it was administered by the Corregidor of Loxa, in 1638, to the Countess del Cinchon, the Spanish Vice-Queen in Peru. This lady was attacked by a very obstinate tertian ague, which the medicine very easily conquered. After this large quantities were distributed among the inhabitants, and the mixture was called the "Countess Powder," and was used by physicians and by the Spanish Jesuits; it was afterward called cinchona, "in memory of the Countess del Cinchon."

Ipecacuanha was brought out as a secret remedy in the time of Louis, by Adrian Helvetius, who resolved to build his fortune on this drug. He posted placards in the streets of Paris, announcing an unfailing specific for the cure of dysentery. The king authorized one of his physicians to make arrangements with the owner of the specific and have the drug tested in the wards of the Hotel Dieu. Its efficacy being established, Helvetius was paid 1,000 louis d'or, with added medical honors, and the remedy was made public (Papillon). This great king, like a true *parens patriæ*, was unwilling to keep secret any thing that might be of value to the world where human life was concerned, and at the same time he determined the value of such remedies by competent physicians, that human life might not be sacrificed nor men imposed upon by mere pretension.

The law requires that brewers shall keep an account of sales and the record of materials used to manufacture beer, etc., and keep their books open constantly for inspection as to the materials. I read recently in the newspapers that it proposed to go further than this and make a new form under the law, requiring a statement under oath, of the ingredients, other than malt and hops, used, as glucose, maltose, etc., or any other adulteration, and the amount of each article used. The penalty for making

false returns is, under existing laws, the forfeiture of all liquors made and all apparatus used in the manufacture, and a fine of not less than from $500 to $1,000 and imprisonment for so doing. While it is undoubtedly a good thing to insure people good beer and liquors, it would be equally honest to do the same in regard to the use of medicine for the sick. Whenever the government shall require that every mixture claimed as medicinal, and put into the hands of the public to use as each individual may desire, shall have its true ingredients set forth on the cover, it can give all the protection it chooses to trade-marks and formulas, as then each nostrum will stand on its own recognized merits.

However, all this shows that people will have medicines whether they need them or not. Further, it shows their willingness to trust to their own diagnosis of their own case. It may seem humiliating, and it is one of the apparently discouraging things to the student commencing his studies that the public and among this public a large number of educated men and women, are not only self-diagnosers, but self-prescribers. In the various oscillations of health in themselves or their families the advertisement of a secret remedy in the newspaper, under an unknown or fictitious name, is to them all the knowledge they want to make their own diagnosis and swallow the unknown compound. In regard to questions of medical science and the health and lives of themselves and their families, they really act with less discretion and judgment than in the treatment of their dogs and horses. They will prescribe the unknown nostrums to their sick children and carry their pet dogs and horses to the regular veterinary surgeon.

But, gentlemen, you need not be discouraged at this, unless you propose yourselves to take a low scale and beg in the same way for practice. Prepare yourselves thoroughly for your profession as though these things were not. Though the first love may be for these secret remedies, they all finally come to the physician. However they may prescribe for themselves for general discomfort and disturbance in health, which they would often find were unimportant in themselves if they consulted a physician, yet when a disease such as a fever, a gout, a pneumonia, a dysentery, a paralysis, etc., attacks them, the soothers and pain-killers and ready-reliefs are no longer the gods or the demigods, and they fly to the real physician. We, therefore, make no war on all this traffic, while at the same time, as honest

men in a humane and learned profession, we can give no countenance to ignorance, or imposition, or any science, falsely so-called. To him who prepares himself well for his profession there is no need of secrecy. Medical science, indeed, gentlemen, can have no secrets. All its ends and aims are for mankind, and science is here triumphant. We must remember that in recent times a greater sum than was paid for both of the secret remedies alluded to was given, as an honorarium, to Dr. William Gull, for a visit to the Prince of Wales, whom he rescued by scientific knowledge, to say nothing of returning to London as Sir William Gull.

The life of M. Pasteur illustrates further that science, working steadily, must, in the end, be recognized. For years he has pressed nature to reveal her greatest secrets hidden from the eyes and other senses of man, giving himself to the causes of disease in man, and vegetation. He has not only discovered destroying microscopic parasites which have attacked life in the animal and vegetable kingdoms, but has also discovered the avenging parasites and the means of introducing them as the remedial power to restore and protect life. Recently, on the date of the national fete of France, his native town of Dole, with solemn ceremony, placed a commemorative tablet on the house in which he was born, and the French Republic, recognizing his beneficent work, has crowned him with honors and made him a pensioner of State in the munificent sum of 25,000 francs a year, with continuation to his family. At this hour, by his own request, that great nation sends him out at her own expense to Egypt to investigate that most dreaded of diseases, Asiatic cholera. I have recently seen the statement (in the *Manchester Guardian*, England) that Prof. Huxley has represented the scientific labors of Pasteur as equal in money value to the whole indemnity paid by France to Germany after the last war (5,000,000,000 francs). Such, gentlemen, is the grand and benevolent mission of medical science, and such are the achievements of her votaries, and sometimes such is their recognition by the powers of the world.

The science of medicine, gentlemen, is what this school proposes to teach you—such knowledge of anatomy, physiology, materia medica, chemistry, pathology, therapeutics, clinical and practical medicine aud surgery as will enable you afterwards to practice the art of medicine. Here you are to lay such sure

foundation in the knowledge of the human system and the laws of its economy and the remedies for its ills as to allow you to set yourselves up as judges of its healthful normal state and the departure from that state which we call disease. This requisite knowledge instructors in the various branches will bring before you. In doing this they may also give practical hints in the way of applying such knowledge to the discovery of diseases which they will describe to you and bring before you in the clinics, as well as the kind of remedies to be used in various morbid conditions. The art of medicine comes afterward, and must be your own work. This the college cannot teach you except in this general and indirect way. It will be able to give you the degree of Doctor of Medicine if you will give yourselves to the acquisition of the knowledge which is presented to you, day by day, in the lecture-room, the hospital and the laboratory. But this is all. You must make yourselves physicians. Every doctor in medicine is not a physician. This must be accomplished as the result of medical knowledge and the exercise of judgment — to discriminate and use this knowledge in all its effects and parts as a practical science in its application to particular causes of disease.

The phenomena or symptoms which mark departure from health in any individual may be plain enough to those instructed, but are not so tangible that a wayfaring man, foolish or wise, can be expected to see or understand them unaided. Still, they are sufficiently tangible to be detected by intelligent men who give the necessary study and preparation and observation in practice. The classification and grouping of these phenomena constitutes largely the skill in diagnosis. This skill in recognizing symptoms, their grouping and classification must depend, however, as I have suggested, on acquiring a knowledge of the phenomena themselves and in personal judgment, both on recognizing their existence and grouping them in any given case. Disease, in a general way, is disturbed or perverted physiological action, and to know or recognize disturbed physiological action how well you must know physiology itself. When we know that the rise in temperature of the body of a few degrees shows such disturbance that it often tells the story of mild or fatal disease, we see upon what apparently light factors knowledge moves. Medical science is only acquired by reading and study, and without study here you will not be prepared to make yourselves what you desire to be—physicians.

You will understand from reading and from the lectures that there are uncertainties in medicine as there are in all departments of human knowledge and affairs. I do not wish to say to you, however, at the same time, or admit that medicine is especially an uncertain science. No more, perhaps, than law, and among physicians I doubt whether there are any more blunders or blunderers than among lawyers. I know there is a sort of proverb that doctors disagree. This, gentlemen, was undoubtedly written and promulgated by a lawyer, and on the diversion principle of "stop, thief." We do not pretend to encourage you in the idea that you must always be in accord, but in agreement and harmony. You will be in harmony when you are honestly seeking the truth in any case. To see from different standpoints of knowledge or judgment is not disagreement. Here is where a lawyer does not apprehend or understand the physician. He does not discriminate, in a given case, between medicine as a science and the different opinions of physicians in their recognition and interpretation of the symptoms of the case under question. Any lawyer might recall the difference among his brethren in the application of principles of law to particular cases and the conflicting opinions as to how the facts in evidence should be read or construed in the light of legal science. We might cite the differing opinions on the same matters of judges of courts, men equally eminent, to prove that of all professions the law is not only the one in which the accuracy of human judgment is the most uncertain, but conspicuously it is the profession in which there is to be found the widest disagreement in the interpretation of facts and their classification and application under rules of evidence. They have courts of error to adjust these matters, and I anticipate their reply that the final medical court of error, unhappily, lies beyond the jurisdiction of men. This gentlemen, if true, should only urge you to more thorough study and the greater diligence in discovering truth.

Now you will understand, gentlemen, where the apparent disagreement of doctors comes in. It is not so much a disagreement as to what medical science is as in its application to some given case—the art or practice of medicine which is the work and judgment of the individual physician. The fixing of the symptoms in the light of science, and the discrimination as to the remedies to be used, suggested by science and experience, are the points upon which differences are likely to occur, and here is

where consultations may be resorted to as the medical court of error. I touch upon this point to say to you that you need have no hesitation in professional life in differing, but hesitate long in disagreeing. The profession is one which cannot allow of disagreements. Here in your studies pledge yourselves not only to honest work, but to the highest professional honor. Begin with this, in these seats, while acquiring knowledge side by side, and when you reach the threshold of your profession, to begin its practical work, you will find yourselves strong in generous rivalry and in cordial sympathy with men with whom you are to do the work of life. This may seem an unnecessary piece of advice. Something you should all be likely to do anyhow. Perhaps so. I hope so. The contrary of this, however, happens often enough to justify these few words upon the subject from one who has observed something of life and of men, and who has seen the disastrous influence on the profession and on individuals of useless disagreements, and indeed they are always useless and often pernicious. I have known men who have made their lives miserable by imagining themselves in disagreement and conflict with others. Perhaps to escape all envy, jealousy and bickerings would be the exception in any calling with human nature as we find it. But let your rule of life be silence toward the envious and the traducers. Let such men wrestle with their own bad elements. When once you have been placed in a position where you scarcely see how you can avoid a collision, and have risen above it in silence, you have reached the position of master of yourselves, and therein and thereafter you will realize there is something in the truth of the declaration that " He who ruleth his own spirit is greater than he who taketh a city." However, there are combats and conflicts which are honorable in the profession — the discussion of professional questions where the attrition of intellectual activities brings sparks and even lights fires. But these are fires around which the combatants can sit in council.

I said to you, gentlemen, that you were here to lay the foundation of your profession at the beginning of your course. I am well aware, as I have said to you, that the scope of medical knowledge required is very wide and varied and far beyond what it used to be, but I would also say to you that the facilities for instruction are increasingly better year by year. This is especially true in regard to the study of chemistry, physiology

and pathology, which may now be so illustrated as to make the laboratory recitation more potent as a means of instruction than the lectures or books alone can possibly be. But remember that all these means are so adjusted as to require, as well as complement, each other. Thus, while much is demanded of you, and perhaps more than in former years, the facilities for acquiring are correspondingly increased.

This college has made constant progress to keep abreast of the general advance. Since the close of last term great improvements have been made in the buildings, all tending to increase and facilitate the means of instruction. The central building has been carried up another story, making room for a large, well-arranged and well-fitted dissecting room, with special rooms for the use of the professors of anatomy and physiology. Arrangements have been made for enlarging the museum and affording greater opportunity there for anatomical and pathological study. All these changes not only give larger facilities for work and more thorough instruction, but they also provide for the best hygienic condition of students while at work.

To the faculty you can look with confident assurance for justice and liberality. They are only anxious for your highest success. The long list of graduates stretching back through the history of the college, numbering now over sixteen hundred, and with an alumni association, at present, of more than a thousand members, can well attest this. I might name one among us, whom I see here, who entered the faculty at the beginning, and who has ever since given to this school the benefit of his large and ripe learning and his wise counsel, and who, through all these years, has stood, as he now stands, a fit representative of the highest type of man, Christian, friend, physician, teacher—our own beloved Nestor, Thomas Hun.

And I might refer you, gentlemen, to many names on the roster of the college of men who have made themselves prominent, if it was necessary, to encourage you. I might point you to distinguished founders and teachers in this school, names familiar in medicine, surgery and jurisprudence—T. Romeyn Beck, Alden March, James H. Armsby, Henry Green, David McLachlan, Gunning S. Bedford, James McNaughton, Ebenezer Emmons, David M. Reese, Lewis C. Beck, Howard Townsend, John V. P. Quackenbush, Amos Dean, John D. Lansing, James E. Pomfret, Edmund R. Peasley, Ira Harris, Henry R. Haskins,

Edward R. Hun, and now Jacob S. Mosher added to this honored list. With most of these the speaker had the honor and pleasure of personal acquaintance. These were men whose character and lives imparted vigor and strength to other men in their day, and the communities in which they lived felt safe by their presence—men who added lustre and dignity to the words, surgeon, physician and scholar.

That six of the present faculty of the college are her own graduates abundantly shows that the Albany Medical College appreciates and honors her own alumni. Gentlemen, the fact that you have selected an institution which exacts a three years' course of graded study we take as an earnest of your intent to work and to win success. I congratulate you, gentlemen, on this step, and feel assured that in the coming years you will look back with just and reasonable pride to the fact that you were among those who first entered a college in the face of this prolonged and higher course. It speaks well for your future.

In this course of study for your degree of Doctor of Medicine we neither expect you to go out finished scholars, nor that you will cease reading and study after you have received a degree and are no longer in fear of examinations. But, gentlemen, while you will not be examined by us after your course is finished here, you may be well assured that the public will examine you over and over again, and that you will be examined and re-examined by your fellows as to your qualifications, as well as to your character. This you must meet, and you will only be able to do it by continuous study with practice. This thing called the Public may not always or generally be just or discriminating in its estimate, but it is worth while to keep this fact in consideration, that it is a perpetual examiner. But this I am justified in assuring you, that if you so prepare yourselves that you are really what you ought to be, you need have no fear; you will not then be afraid to be found out or tested by any tribunal. Commencing the foundation here, the superstructure you are to build is something that can only be the work of your entire life. But see to it that by patient attention and industry here, during these precious months, you get such a start that you can go forward easily and safely and complete your education as medical men in the practice of your profession. I impress this point that you may not only appreciate the importance of reading and study, but that you may really acquire a love for it,

as a necessary and reasonable ambition to your profession hereafter. I think I am justified in saying if you do not do so now you will not be likely to commence afterward, nor be likely to reach the higher planes in the profession. Too many physicians read too little — many scarcely enough to suggest food for thought or reflection in their freshly-developing professional work. The consequence is their practice is not enriched, as it ought to be and might be, by the current knowledge of what is being done in the way of constant advancement. And how often men of real ability make to themselves, as well as to others, the excuse that they are too much occupied in work to read. This is, indeed, generally a lame excuse, and I have no doubt that in the great majority of such cases this neglect of study is a bar to advancing themselves in the profession. Their failure to read is from failure to cultivate early the habit of reading, and from this same cause men drift into the habit of wasting hours in idle talk or games, or in other ways, that might be used to their infinite advantage in keeping themselves posted in professional affairs.

Careful reading is essential to give that mental stimulus which will not only make a man a more close observer, but which will also keep his eyes open to the facts and phenomena that cross his path, and enables him to systematize better the results of his own observations. Without this he is not likely to contribute to the general stock of knowledge in his profession. Lord Bacon says, "Reading makes a *full* man."

You will apprehend that the essential condition of success here, and in professional life, is work—patient, careful work. Men can only win substantial success by daily toil, and such toil, honestly performed, fortunately becomes pleasure. Genius and ability and favoring circumstances will do much for men, but they cannot compete successfully with good, sound, steady work. Though genius and favoring circumstances, with light work, may get a man through the ordeal of the college to a doctor's degree, and may open a practice, rarely will they land him in the higher positions in his profession. To accomplish this he must add labor. Among the men of recognized ability and genius who, starting in professional life under most favoring circumstances, have made a real mark in the profession you will find no idlers, no men who trusted to genius to carry them upward and forward, but you will find they are all workers and

hard workers. I have not to go out of this city to cite such circumstances. The high positions such men attain are not due to the fact that they are fortunate in circumstances, but that they are fortunate in having a disposition for work. Realizing early that labor is the price of success, they laid their hearts as well as their minds to it. Here, too, bear in mind, that you are not to be envious or inclined to offer excuses because you have not all the fortunate circumstances that others have, and thus slacken or cripple your work. Remember, gentlemen, the true heroic man all the more lays himself to the work and seizes his opportunity. He

> "Grasps the skirts of happy chance,
> And breasts the blows of circumstance,
> And grapples with his evil star,
> And makes by force his merits known,"

and thus raises himself to be the centre of fortunate surroundings. Remember, also, that those of you who are fortunate in your surroundings have a double responsibility. Having these possessions, if you fail, it will be so conspicuous as to draw upon you pity and even contempt, while he who is the less fortunate, if he wins by his own efforts, has forever the pleasurable feeling of satisfaction and independence that he owes no debt and has won his own possession. This, gentlemen, could be conspicuously said of Professor Mosher, the distinguished member of the faculty whose recent and sudden death we all mourn, who, starting in life without favorable surroundings, rose into the high position he occupied in the broad field of science, public utility and State affairs, by vigilant work, though at his untimely death he had not reached the zenith of man's life. He stands an example of what diligent purpose and loyalty to duty may accomplish. May I not add, here, members of the faculty, that it is difficult to realize that this "human hearted" man and loyal friend has gone. On the seventh of August, only five days before his death, he wrote me in regard to a patient of his, and forwarded to me copies of the college catalogues to give me information touching matters of this address, and closed his letter with these words: "I am glad you are to deliver our opening." His letter was cheerful and did not even hint of sickness, much less of death. The sound of his voice still lingers in our ears, and we still feel the warm grasp of his hand. To him a sorrowful adieu.

To accomplish the best results, then, gentlemen, you have only to be loyal to yourselves from the start. You are to allow yourselves no excuses, and to hold yourselves strongly and firmly to the most honorable use of your opportunities. Make your first mark here in the college, in the class, and the after marks will more surely come. A distinguished professor of one of the colleges of the highest standing wrote me of one of his graduates in commending him to me: "He is well-bred; he has tact, courtesy and discretion; he is able and educated, thoroughly fitted for the practice of his profession in all its branches, and, finally, he is energetic and faithful in the discharge of his duty." These, gentlemen, are the characteristics I would commend to you. You will see that in a course not longer than the one on which you are entering, a young man, starting with perhaps more than a few of you have in the way of advantage and equipment and with less than many others have, by exercising only the honest qualities of a man determined on duty, impresses himself on his teacher as he will undoubtedly on his profession.

It must be admitted that with professional men the medical man pre-eminently stands on his own acquirements and honorable conduct in life, and to him character is something that cannot be overestimated. The unworthy minister may be arraigned and refused the charge of a congregation, the lawyer who acts dishonestly may be thrown over the bar and be denied recognition and standing in the courts, but the medical profession has no such protection against offenders. The only court to which the medical profession can appeal is that which is in perpetual session, the public, and in that court there is no bar to recognition on account of character, conduct or acquirements. There each man stands for himself. He may robe himself in the honorable name of the profession and do honor to it by his life, or he may dishonor it without being arraigned or cast out. Codes may be to him what he interprets them. He may obey or disregard them, for, in the view of that great court before which he practices, once a doctor always a doctor. Says Professor Rolletson: "Dignity rests upon responsibility—a man is worthy or unworthy accordingly as he can or cannot make a good answer when called upon by a voice, either from within or without, to account for his conduct or for his character."

But, gentlemen, admitting all this, the medical profession is still the noblest in its purposes, its work, its courage, its sacrifices and

its humanity. The physician takes his place quietly in the world between man and death, whether in peace or in war. "In the pestilence that walketh in darkness," when other men quail, he stands fearless and unmoved, the friend and defender of mankind. The physician sees in death neither an enemy nor a friend, but a great fact in the history of humanity. He is to understand his approaches and ward him off until his appointed time.

I have not sought to deliver a professional address to you, gentlemen; I have had neither time nor material. When asked by the faculty to do this I merely promised what I have tried to do—to say something to you in starting by way of encouragement, and to direct you to such paths as might give you the best possible training of yourselves, as well as training by others, for the highest plane of professional work when you enter professional life; for, as I have sought to impress upon you, we desire that you become not only doctors in medicine, with honorable remembrance by your *alma mater*, but that you may make good physicians afterwards, advising you always to emulate the best man. And may I not finally add that the true physician should not only cultivate himself as I have suggested, and have all the qualifications connected with the name; that he should not only be a gentleman, but that he should be gentle, because his life is with the sick. He should be as gentle and considerate as he is wise. The sacredness of professional communications, the trust necessarily imposed in the physician, the delicacy of his duties, all demand this.

Therefore I urge you to cultivate your hearts so that your warm sympathies will be spontaneous and generous, and these qualities will then be seen and felt in the quiet assurance of your words in the sick chamber, as well as in the wisdom of your acts. When every woman you are called to treat is your mother and your sister, and every man your father and your brother, you will have reached the mastery of yourselves and the majesty of your calling. There are men here connected with this college, and there are others who have been, whom I could point out to you, of whom all this could well be said — professional men now before you on whose heads are falling the benedictions of the generations that surround them as fall the dews on Mount Hermon. The unspoken consciousness of the rectitude of their professional life makes their age beautiful and peaceful.

But these men to whom I have referred were not men of milk and water who sought to purchase peace by avoiding honest and legitimate combat. On the contrary, men who were as jealous of the honor of the profession as the lover of the honor of his betrothed — true knights in guarding and defending their profession, standing by it and for it at all times and at all hazards. But they were also men of peace and good-will and tenderness of life. Many of them are gone.

* "Their bones are dust,
Their swords are rust,
Their souls are with the saints, we trust."

While we cannot take inheritance from them, for their lives were their own, we may well draw instruction and faith from their lives and character, while we do our own work and endeavor to write ourselves on our own time as honorably and as usefully as they did upon theirs; for our lives are our own to make them what we will, and to answer for them at the judgment to come. Man is not a material thing to perish with the using, but an immortal spirit destined to an eternal life of which this life is but the commencing day.

"The deeds we do, the words we say,
Into still air they seem to fleet;
We count them ever past;
But they shall last;
In the dread judgment they
And we shall meet."

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* "The knight's bones are dust,
And his good sword rust,
His soul is with the saints, I trust."
Coleridge: (The Knight's Tomb.)

THE MEDICAL ANNALS:

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——THE so-called Provisional Nomenclature of Diseases of the Royal College of Physicians of London, which was adopted in 1874 by the supervising Surgeon-General of Great Britain and has been the accepted basis for records of diseases and death in that country, and was adopted as the official nomenclature for the use of the medical officers of the United States Marine Hospital by the supervising Surgeon-General, omits to mention a cause of death which seems to have come to have an accepted place among the various processes by which life is terminated. The revised list of diseases, for a long time now under consideration by a committee of the same body and proof copies of which are just of late offered for criticism and suggestion, likewise fails to contain any reference to it. It is not easy to understand why this competent authority has failed to introduce it in a list which has been entirely recast from the older one, and is intended to be not only as much as possible in accordance with the most recent pathology and the most critical classification, but is also intended to be entirely exhaustive. There can be no doubt of the propriety of accepting nervous shock as a source of various clinical disturbances, and it is even a well-conceded cause of death. No doubt it acts to produce these often by precipitating a physical pathological condition, which might, perhaps, be regarded as the predominant feature in the case, but death from this cause has frequently been reported when no abnormal, pathological condition could be found after death. In either case, however, there is propriety in regarding it as a factor. A case illustrative occurs to the writer in which passion was clearly a

factor in determining apoplexy and death. An irrascible old man, 72 years of age, engaged in an altercation with a tenant over a question of rent, in the course of which he was struck by the latter, a weak, one-armed man, a blow on the side of the head with the fist, which was hardly sufficient to cause a little tumefaction. He fell, and when seen, after several hours, was comatose, and died in thirty-six hours. At the autopsy an apoplectic clot was found on the surface of the brain beneath the point of injury, which, however, was so slight as to cause no contusion of the temporal muscle beneath it. No doubt here, as in many cases that will be recalled, the rupture of the weakened vessels was determined by psychic cause. Cases are reported, however, where it has more directly caused death. Dr. Tschainsky, as noted in the *Medical Record*, has noticed several curious instances where this cause alone operated. Cazenave, desiring to operate on an exceedingly nervous patient without chloroform, in order to deceive him, held a bag of pure air before his mouth; he breathed four times and died. Desault, being about to cut for stone, drew his finger-nail across the perineum to indicate the line of incision; the patient in his alarm gave a shriek and died. Tschainsky attributes to a similar cause death in a case where hardly two whiffs of chlorororm had been taken, the necropsy revealing fatty degeneration of the right ventricular wall of the heart, the left appearing normal. The following case of death from fright is reported by the *British Medical Journal:*

The serious effects of shock to the nervous system, especially by fright, are constantly witnessed, the results being most commonly syncope and convulsions. Death itself is, fortunately, comparatively rare. It is reported in the newspapers to have occurred at Brockley, on March 21, in the case of a girl aged 18 years, who was frightened to death by a man dressed as a ghost, near the Deptford Cemetery.

The pathology of emotional death is of great interest and varies in different cases. In some cases a fatal issue results from sanguineous apoplexy; in others, and much more frequently, from shock to the heart. Examples of the former are recorded by Dr. D. Hack Tuke, in his "Influences of the Mind upon the Body." Thus, a woman at Bradford received a fright from a man throwing a stone against her window. He had previously threatened her. She soon afterwards complained of numbness,

and rapidly became insensible. There was right hemiplegia. She died in seven hours, and on post-mortem examination a clot of blood was found in the left lateral ventricle. The cerebral vessels appeared to be healthy. In the well-known example of death from the heart which occurred in John Hunter's own case we have an illustration of the cardiac class. The organ was extensively diseased, and the left ventricle was strongly contracted. Other instances of death from emotion in which the stress had fallen upon the heart and not upon the brain are recorded in the collection of cases of death from powerful emotion to which we have referred. In some cases, however, there was no evidence of disease of the heart or of any organ of the body, as might, indeed, be expected. For instance, a man is reported to have died at Twickenham after witnessing the death of a neighbor. He made the remark, "I have never seen any one die before, and I hope I never shall again." There was a post-mortem examination made by Dr. Ward, but nothing was fonnd to account for death; both ventricles of the heart contained but a little fluid blood, the organ itself being normal in size and healthy. There is no doubt that in such instances fatal syncope may arise simply from the action of the heart being inhibited, whether by direct excitation of the vagus, as maintained by Dr. Brown-Sequard, or by the acceleration of the heart in the first instance, followed by exhaustion and the unantagonized play of the former. Anyway, if the heart, as in Hunter's case, be strongly contracted on its contents, and the blood expelled, one efficient cause of syncope, with fatal results, is present. Probably this was the pathological explanation of this unfortunate girl's death from the silly practical joke played upon her. She arrived home after her fright on the road by the Deptford Cemetery, Brockley, looking very ill and excited. She is said to have taken off her waterproof, drawn a chair to the table to take supper, then fallen forward with her head on the table and died after a short struggle. Mr. Hollis, the medical man who was called in, made a post-mortem examination, and reported that all the organs were healthy, but that the state of the heart, combined with the fright, would account for death."

While psychic influences have filled a considerable place in the realm of emotional literature, as causing physiological and pathological changes, such as the complete blanching of the hair in the course of a single night, still there can be no question as

to the propriety of admitting them to a place in the nosological tables under the class of nervous diseases, and no recorder of vital statistics will refuse to accept such a reported cause of death.

——Although Dr. Gray's address, which fills a considerable portion of this number, has also been printed by the students, to whom it was presented, in pamphlet form, it will undoubtedly be a gratification to the larger number reached by us to have the opportunity to read it, especially the alumni of the Medical College, not alone for the references to improvements in the College, but for the thoughtful words it contains and for an interest in any thing that may appear from its noted author.

——Lindsay and Blakiston's Visiting List, "the smallest, the strongest and the most compact;" contains, as new features for 1884, a list of new remedies, a diagram of the organs of the chest, illustrations of Sylvester's method for artificial respiration, and other useful memoranda. Sizes for twenty-five patients, weekly, cost $1.00; for fifty patients, $1.25; for seventy-five patients, $1.50; for one hundred patients, weekly, $2.00. Different styles are issued—the edition in two volumes, the interleaved, the perpetual, and various combinations.

——Copp's U. S. Salary List and Civil Service Rules. 160 octavo pages. By Henry N. Copp, a lawyer of Washington, D. C. All government salaries are given from President Arthur's $50,000 to postmasters with $500; fully 20,000 federal offices arranged by States and Territories. Specimen examination questions for admission to the Civil Service throughout the country. Price, 35 cents.

——Oleates.—Parke, Davis & Co. have lately put in market the oleates of mercury, arsenic, lead, zinc, silver, bismuth, iron, copper and aluminium, and are liberal with gratuitous samples to all physicians who wish to make clinical trial of any of their goods. The oleate of mercury has been in use for several years, but the oleate of copper, for freckles, and the other oleates, in diseases of the skin, as recommended by J. V. Shoemaker, M.D., of Philadelphia, are new, and are acceptable on account of their rapid absorption and consequent cleanliness.

THE

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STRANGULATED HERNIA, WITH RESULTS OF NINE OPERATIONS.

ANNUAL ADDRESS BEFORE THE MEDICAL SOCIETY OF THE COUNTY OF ALBANY BY THE PRESIDENT, N. L. SNOW, A.M., M.D., ALBANY.

"Men may come and men may go."

This often quoted and very familiar line seems at this time to attach to itself a special significance and appropriateness; it is but one year — and how short the time — since, assembled as now, this society was hushed into silence by the gavel's stroke, and, leaving his chair, the presiding officer, about to relinquish the duties of his position to other hands, and standing almost on the spot I now occupy, prepared to discharge the last obligation of his office. To those who were present any allusion would be repetition, yet one lingers a moment as recollections of that fine form, possessing every requisite of manly vigor, comes up before the mind's eye, and then the mental feast which followed. How truly it recalled the mind trained to thoughtful work and expression; and who would have thought, much less said, that this man, this mind, barely approaching its zenith of compass and usefulness, should at the next turn of time's wheel be numbered with the dead? Yet such seems to have been fate's decree, and we can but bow submission. Is it strange, then, that, associated as are these events, and the troop of recollections and reflections concerning society men and society affairs which is thus given rise to, one pauses for a moment that a retrospection may be

taken? We live in the present, 'tis true, and the future, with its possibilities, contingencies and uncertainties, we *must* look forward to; but the past is our storehouse of knowledge, and with it our mind loves to dwell; albeit sadness may be intermingled. To-day marks the seventy-seventh milestone of our society's journey. Organized in 1806, it has continued uninterruptedly throughout the years to date, and although in point of ardor, scientific attainments and usefulness it has had its fluctuations, nevertheless it has remained steadfast to the principles of its original conception, and is to-day one of the largest, most progressive and best known bodies of active medical workers in our state, having a history and literature second to none, and all its transactions, together with a large mass of individual contributions from members, neatly, thoroughly and most satisfactorily journalized under the auspices of its various officers. But what of the men who have fathered and fostered, during these years, this chartered institution we call our society? They have come and gone. Not so this record. Indelibly is this written in the society's history, and as ineffacable is the stamp of genuineness and assiduity which their firm convictions and indomitable perseverance gave to it. Such men as Drs. Bay, Beck, Case, Cogswell, March, McNaughton, Sheldon, Staats, Townsend, Wade, Willard, Wing, Bigelow, Quackenbush, Armsby, Boyd, and others, appear on life's stage to act their rolé, as do we all; their disappearance leaves more than a ripple in the fast-flowing current. Through all the years of our society's work, and with the many vacancies and sad recollections which have clustered around this annual gathering, I doubt if there has been one marking the close of a session interspersed with so many and lamentable losses from our number as has this. The reaper has singled from our midst the young, the maturing, the aged. On six different occasions has it been my sad duty to summon you into death's presence, that our society's last tribute might be paid its honored but departed ones. Dr. Phillips had but just begun life's work. Before him seemed a boundless future, full of golden promise, and his zeal had already presaged the probability of success. Dr. Peters had advanced one step farther in the ranks; he had measured and tested the great responsibilities of his calling, and had settled himself to his task. For him the future held great store, and his untimely end we both regret and mourn. Of Drs. Haskins and Bailey much has been said, and

truthfully; still, much remains. They had passed through the trials, experiences and vicissitudes of early life, and had attained to the rich knowledge and quiet confidence of mature years. Their recorded history attests to the hard, patient toil they had given in quest of the goal of their ambition. Their services, both public and private, their many noble qualities of heart and mind, their many deeds of unostentatious charity, are gladly remembered by all, and especially treasured by this society. And the still more aged Dr. Fonda, who walked our streets so quietly, and did his noble deeds of charity and kindness with so little of show and ceremony that but few even of his most intimate friends knew of his noble qualities; and now, last of all, Dr. Mosher, my predecessor in office.

I sincerely trust it may not be my successor's sad task nor the society's misfortune to have entered on another year's duties like this. We find ourselves meditating oftentimes on the changes going on about us, in men, places and things, and it seems as if individuals were specially fitted for that which they held, and their loss would be irretrievable, but the tide flows on, the gap is quickly filled, and few miss but to mourn. As I look about me to-day, remembering the past of our society, its many vicissitudes and changes, its recent heavy losses, and see as I do a host of faces, animated, buoyant, thoughtful, a gathering as large and promising as has met the eye of any of my predecessors, am I not right in the selection of my motto, that though "men may come and men may go, we go on forever"? Yes, we must; we are keeping pace with the world; the beginner in practice, the still farther advanced, the mature, are steadily at work; the young men have their shoulders to the wheel, their hands on the helm, ambition, a laudable object their motive, generous and honest rivalry their stimulus. Our society is safe in their keeping, and success is assured.

But, while recognizing all this, we must not lose sight of the fact that it is the little things, and their systematic grouping together, which contributes largely towards the grand result; there must be as little friction as possible, and all action must be harmonious; each should endeavor to work by recital of interesting facts, intelligent discussion, or at least by being present toward this end. We are at present the only active society, and while it is to be regretted that our sister association, the Academy of Medicine, has been discontinued, still, when it is remembered

that this is the oldest and only chartered body, it seems no more than fair that the bulk of original work and progressive research should be brought to its altar. Then, too, our meetings can have an element of attractiveness added by the introduction of some social feature — for instance a return to the coffee and lunch system. A collation could be spread in the trustees' room, and at an hour designated all could repair and enjoy a few moments' informal chat, after which business could be resumed and with spirit. The cost of this, as learned from former experience, is but a trifle per night, and as our society is free from debt, with a very flattering probability of increased finances, this demand on our treasury would hardly be felt. I would therefore offer this suggestion, together with one or two points which have occurred to me, in the form of propositions, and, if the society deem wise and proper, a committee could be appointed to report at the next regular meeting.

First. The social feature as spoken of above.

Second. That meetings be held once a month from October to July, and thus being infrequent will be better attended.

Third. That, to meet expenses, the next and subsequently elected delegates to the State Society be required to pay the society's dues — twenty dollars a year — to our treasurer before each first of February.

Fourth. That a standing committee be made, to be known as a business or executive committee. This committee might be composed of the president, vice-president and three or four more, and their duties should include the looking after material and contributions for the meetings, and thus assuring success and interest.

The hour of our annual meeting, and the last one over which I am to preside, is drawing to a close. I therefore take this occasion to say a word expressive of the deep obligation I owe this society. To one and all I would extend thanks for many kind courtesies. You have given many interesting papers and ably prepared discussions; you have seen to it that no dissensions or petty jealousies were engendered; you have freed the duties of the chair from many and perplexing technicalities, and thereby made easy, pleasant and satisfactory its duties. You have made this session a success.

And now, gentlemen, following in the footsteps of my predecessors and endeavoring to conform to the usages of our society,

I will spend the last few moments allotted me in considering a subject which to myself possesses a special interest, and may not prove void of instruction and uninteresting to all—Strangulated Hernia, both Inguinal and Femoral, with Results of Nine Operations.

There is, perhaps, no abnormal condition of the body brought to the attention of the surgeon, certainly none from which more suffer, than hernia. Authors have deliberated and have written numerous treatises on it; minute dissections of the various layers of fascia and muscles have been made, and beautiful plates have been drawn of the appearance in different parts during the operation. From Hippocrates of old to Warren of recent date the literature on the subject finds contributions in every age—Celsus, Galen, Oribasius prior to, and Paulus Æginetus during, the seventh century. Latterly, among numerous and forcible writers, we find Percival Pott, Vesalius, Ambrose Paré, Lawrence, Scarpa, Scultetus, Sir Astley Cooper, Wood, Dowell, Heaton and many others, all delineating at length on the anatomy and pathology of the affliction and describing minutely the various methods of relief and cure.

This may seem, then, like an old and hackneyed subject, and one which, at such a time as this, possesses little to interest or hold the attention; but in my experience it has assumed, perhaps, an unusual importance, and each case has come up fresh and new, and as opportunities for witnessing this dreaded condition multiply the more we are likely to realize the responsibility which rests upon us in treating them. The importance of prompt action has been time and again emphasized, and yet when we come to the bedside of our patient, and find him with a rupture long neglected or suddenly forced down and strangulated, in cold, clammy perspiration, with obstructed bowels and stercoraceous vomiting, with anxious expression and the other usual train of symptoms, the most experienced and stoutest hearted surgeon enters upon his duties with a professional earnestness surpassed, I may say, by no other case for which he may be consulted. Indeed, a heavy weight is upon us, if after a determined effort of say one-half hour at reduction we fail to relieve our patient. And why not? Our patient's life is, so to speak, in our hands, depending for its prolongation on our skill. In some other cases nature, after a little time, might decide the propriety of an operation. Another surgeon of experience might on the morrow

be consulted and divide the responsibility, or a few weeks' development might bring new evidence. But now the thought flashes upon the conscientious physician, as he feels the firm, resisting tumor in the groin, that unless his patient is relieved death must follow. In no other case in the line of medication or surgery can he look about and find as little comfort as in this. The indisputable fact remains of relief on the one hand, or strangulation, mortification, death, on the other. Therefore, I say, as practitioners we all are — must be — equally interested in a class of cases so important, and which sooner or later must come under our observation. It is not my purpose to weary you with an exhaustive treatise on this subject, its literature, varieties, minute anatomy, methods of operating, etc., etc., but simply to bring before you and have placed on our society's record my individual experience, with such facts as seem warranted from their importance.

The first of my cases came through the kindness of Dr. I. I. Buckbee, of Fonda. The patient, Mrs. R., 40 years of age, a farmer's wife, had a small femoral hernia of long standing, but had never experienced any inconvenience from it. On the day previous to my visiting her, from a slight strain, an unusual amount of intestine was forced down and became strangulated. The usual symptoms being present and taxis having been judiciously and thoroughly tried by the attending physician, we concluded to operate at once. The peritoneum being opened was found to contain one-half ounce of serum. The ring was divided, constriction relieved and intestine returned. Recovery took place in two weeks, with few untoward symptoms, and a permanent cure resulted.

Case two I saw in consultation with Dr. Collier, of Valatie. I. B., aged 55, previous health good, by occupation a blacksmith. Had an inguinal hernia of long standing, and usually wore a truss. This latter had ceased to afford the proper support, and in consequence a portion of intestine would remain below the point of pressure. At times it would fill the scrotum to a large size. Had never had any special trouble in effecting reduction unaided. At this time he was unable to do so, and after many ineffectual attempts, extending through the afternoon and night, he on the following morning summoned Dr. Collier to his assistance. The doctor, finding reduction impossible and deciding an operation unavoidable, summoned counsel. I arrived in the

evening, thirty hours after incarceration. The swelling was very large and tense, the tissues over it were somewhat discolored. With the assistance of Drs. Collier and Lent I made the first incision by transfixion, and after careful dissection reached the peritoneum, opened the sac, and found a large amount of bloody serum. The ring was enlarged, and the intestines, not being adherent, were returned, although they were much discolored. The wound was closed with a few deep and superficial sutures. Our patient died on the fourth day, as I afterwards learned, from peritonitis.

Case three occurred in the practice of Dr. Edward Marsh, of Sloansville, who kindly furnished me with the following history: Mr. S., 62 years of age, of good habits, a harness maker by occupation. His rupture was of long standing, but had never occasioned any special trouble — simply the annoyance. One morning while in Albany attending to business, and having to walk a good deal, he felt a great deal of pain and soreness in the bowels, but was not specially concerned, as it was not an unusual experience. On his return home that evening he found a large amount of the intestine down, and being unable to reduce it the doctor was sent for. All reasonable efforts were made to replace the intestine, but without avail, and Dr. L. was called to assist. He agreed fully as to the nature of the case, but could effect nothing by manipulation, and Dr. S. was summoned. Again taxis was resorted to, but finally given up as of no use, and the patient ordered to be kept very quiet, with anodynes occasionally and warm fomentations to part. In this way he remained during the night and all next day and until my arrival Monday morning. I did not attempt reduction, but had the patient etherized at once. On opening the sac quite an amount of bloody serum escaped, and there was also present considerable plastic material. The ring was enlarged, intestine returned and wound closed. Bowels moved shortly after the operation, and for the next twenty-four hours were inclined to be loose. The movements at first were quite offensive, but gradually improved in quantity and quality. Mr. S. bore the operation well, and rested nicely after without anodynes. He was given quinine, beef tea, milk punch, etc., and seemed doing remarkably well until Friday following, there being no vomiting, the stools improving and appetite good. At this time he began suddenly to grow weak and manifest signs of prostration, and, despite all efforts at

resuscitation, sank rapidly, dying on the fifth day. There was no protrusion of intestine after the operation, and the wound was doing nicely. His death was a great and sudden surprise to all his attendants. I am of the opinion that in this case perforation finally took place, the result of sloughing through of some portion of the intestine which had been incarcerated.

Case four occurred in the practice of Dr. Wood, of Gloversville, who furnishes the following history: Mrs. H. C., aged 64, German, mother of eight children. Three years ago had a strangulated omental hernia, which terminated in an abscess and sloughing of the parts. He saw her first about June 24, 1882. She had been under the care of another physician for about twenty-four hours; he had injected morphine. She had the usual symptoms of strangulated femoral hernia. As the physician who had attended her three years previous had been sent for, he did nothing but give her an opiate. After the arrival of the physician, some two hours later, an unsuccessful attempt at reduction was made. Dr. W. insisted that an operation should be performed, but was overruled for another forty-eight hours. I saw the patient on the 26th, seventy-two hours after strangulation; she was apparently free from pain and comfortable, nausea and vomiting had almost ceased, but the small, soft enlargement could still be felt in the groin. Cutting down, we found the intestine in a gangrenous mass, so much so that the relation of parts was hard to define. There was an escape of feces and gas. The incision was left open and favorable dressings for a discharge applied. The patient died on the afternoon of the following day.

Case five was that of Mrs. R. M., aged 65, wife of a farmer; had always enjoyed good health; had a small femoral hernia. Felt indisposed, with wandering, sickening pains through the bowels, not very severe. Attributing them to indigestion, she did not think it necessary to call a physician. After three days her friends insisted on a medical attendant, and Dr. S. was called. Knowing that she had a hernia, the doctor questioned her regarding it, and received the reply that it was all right and had nothing to do with her sickness. As she had no marked symptoms of strangulated hernia and her case was looked upon so lightly by herself, the doctor gave a prescription, and did not call again. After an interval of some five days he was again sent for, and found that the hernia had not been reduced, and

that she was suffering with the usual symptoms of strangulation. Realizing the importance of immediate action, a neighboring physician, Dr. R., also myself, were called. Accompanied by Dr. Munson, of this city, on a cold, stormy night in mid-winter, we took rail, then traveled a number of miles with sleigh, and arrived at our destination at 3 A. M. Our patient was comparatively comfortable, and was not suffering as on the previous few days, but there had been no movement of the bowels. In the right inguinal region could be felt a soft, fluctuating tumor of twice the size of a hickory nut. Our patient had not suffered the usual shock accompanying strangulation. After the incision through the skin we found the interstitial tissue very much discolored, and a little deeper came to the mass of gangrenous peritoneum and intestine in an almost unrecognizable state. A dark colored sanious fluid with a small amount of gas escaped. Her only hope was an artificial anus. She was made as comfortable as possible. I have no farther history of the case than that she died on the ninth day after the operation.

The sixth case I was called to see in December, 1881, in consultation with Dr. Lent, of Valatie, was Mrs. W., aged 70. The doctor had seen the patient the day previous for the first time. She was a slim, lean, tall old lady, the mother of several grown children. She gave the history of strangulated hernia, with no very active symptoms, of a number of days' continuance. Being of a reticent disposition, and not realizing the consequence of delay, she had failed to call her physician or even mention it to her family. A small tumor presented in the right groin. It was soft, spongy and compressible, coming out under Poupart's ligament and all of its boundaries being easily made out. I introduced the needle of a large hypodermic syringe into the sac and aspirated a drachm of the fluid; this showed its character and reduced the tumor one-third in size. Another slight effort at taxis was made, but, not succeeding, we prepared to operate. Our patient objecting to be moved from her bed, was brought to the edge and easily etherized. An incision through the skin was made by transfixing. On cutting through the peritoneum very little fluid was found between it and the intestines. The latter were discolored, and in some places so firmly attached to the former that the handle of the scalpel had to be used for separation. The ring was divided, and the intestine, with some reluctance on our part, returned. The doctor

wrote me that death followed one week after, the patient presenting symptoms of peritonitis.

Case seven I saw in consultation with Dr. A. Boyce, of East Schodack. The patient, Mrs. A. H., aged 55, the wife of a farmer, thin and in rather feeble health, called her physician April 5, 1881. She complained of pain in the bowels, restlessness, nausea and other symptoms indicating hernia. Being questioned on the subject, she denied that there was any thing of the kind. The doctor visited her again on the 6th, and, insisting on an examination, found a small femoral hernia in the left groin, which, being unable to reduce, he advised a consultation, with the view of operating immediately. I saw her on the 7th. At the time symptoms of strangulation continued. A slight attempt at taxis was again ineffectually made. Our patient was in a small, low room with one window, one-half the usual size; but from this we managed to get sufficient light, and proceeded to operate. We found the sac not at all adherent, though somewhat congested, and after enlarging the ring it was easily returned. This patient did well, her bowels moved on the third or fourth day, the incision healed up kindly, and she recovered without any bad symptom.

Case eight: In August, 1882, I met Drs. McClellan and Boyce at Nassau, in the case of Mr. P. M., aged 55, farmer by occupation; had previously been in charge of a gang of men on railroad repairing. While engaged at this business some number of years previous, and while lifting a hand-car from the track hastily for an approaching train, he felt a strain, followed by a fullness in his right groin. Ever after this he realized that he had a rupture. From the constant pressure it became so large that he was unable to reduce it, and thus it had remained for years without at any time being entirely returned. Three days previous to my visiting him he was taken, as he described it, with obstinate constipation, followed by severe colic, but thought that the rupture had nothing to do with his sickness. His physician being called diagnosed strangulated hernia and an operation necessary. I found him suffering the greatest agony. Although taxis had been thoroughly tried, after placing him on the operating table and getting him under the influence of ether, we made another attempt. Being unsuccessful, we made a few careful incisions to the peritoneum. Passing my index finger, I found that we had a case of inguinal, and that the constriction

was produced more by the aponeurosis of the external oblique muscle and the external abdominal ring than by the ring proper. Dividing these external to the peritoneum, I grasped the tumor, and was able to reduce the hernia without opening into the peritoneal sac. On recovering from the ether the patient expressed his great relief and perfect ease from pain, and, to use his expression, "he felt like a new-born babe." He was attended afterwards by his physician, Dr. McClellan, who subsequently wrote me that he kept him in bed for about a week on low diet; that after this he began to sit up, and gradually resumed his usual habits of life, his bowels became quite regular, and he seemed well. The cure was permanent, and he was able to follow with comfort his usual occupation — farming.

Case nine: V. L., aged 60, a maiden lady, had a small compressible femoral hernia; she gave the history of its continuance for a number of years. During this time she wore a home-made pad, and was able to get about without much inconvenience. For two or three weeks previous to the occasion of our visiting her, she had not returned it. Not being aware of the danger, she did not consult or call her physician. Finally Drs. Weidman and Snyder, of Westerlo, were made aware of her difficulty, and, as attempted reduction failed and her symptoms of strangulation were growing more urgent, an operation was decided necessary. I met them in consultation at three o'clock on the morning of May 23. The patient had valvular disease of the heart, had been vomiting for a number of days, and was very much prostrated. An operation was the only alternative. She was placed on the table, and but very little ether was necessary to keep her under its influence. The peritoneum was reached, opened, and barely any fluid was found between it and the intestine, which was adherent in fully two-thirds of its circumference. This was carefully separated with finger and handle of scalpel, the ring was enlarged and intestine returned, so far as surgeons could determine, without injury; but there was necessarily much time occupied in doing it. This was a cold morning. After finishing the operation we discovered that the wood-fire was out in the stove, and the door opening had made the air in the room very cold. Our patient began shivering, the action of the heart became irregular, and general prostration ensued; and, although placed in bed and artificial warmth applied, stimulants given and every thing done for her comfort, reaction did not come on. She died six hours after from shock and exposure.

This finishes the number of operations. Cases have come under my care which have given me much anxiety. Have been compelled to aspirate in some, and have reduced others with a good deal of effort; have never been compelled to operate in one of my own cases. Though interesting clinically to myself, and might be to others, I will not detain you with their history, confining myself to strangulation requiring operations. But there are some facts one learns, and which verify the experience of others, to which I will briefly call your attention.

The number of operations was nine; of these, six were females, all with femoral hernia, and three males, with inguinal. The recoveries were three, two females and one male. Of the six deaths (I cannot state positively, as all were at such a distance that I did not see them after the operation, and no post-mortems were held) I am of the opinion, based on such history as I could get, that five died from gangrene and peritonitis as a result, and one from shock, prostration and the surroundings. If we omit the two cases in which the bowel had sloughed and which could not be returned (and which perhaps it would be proper to do), it gives us three recoveries in seven cases—almost one-half. And it must be remembered that these were all in the country, where there must be necessarily more or less delay and loss of time prior to the operation.

In case eight the hernia was reduced without opening the sac. If this can be done, it gives our patient a much more favorable prognosis. There is not the risk of peritonitis; the operation is perfectly antiseptic, as the sac and its contents have not been exposed to the air or the hands of the operator, and any blood or fluids have been kept safely outside. It should be clear in our minds that the intestine and omentum are in a proper condition to return, and that the adhesions are not of such a nature as will leave any doubt of the perfect reduction or of our keeping the parts reduced. The strangulation is more often at the neck of sac of peritoneum than at the aponeurotic ring, and the same danger of reducing a rupture *en masse* before an operation must be guarded against now, being careful that the constriction about the intestine is free, otherwise we have our strangulated hernia merely inside instead of outside the abdominal cavity.

The length of time before gangrene takes place after symptoms of strangulation can hardly be determined by my cases. The shortest time in which the operation was performed was

thirty hours and the longest one week; circulation was somewhat impaired in all of them. This would depend also upon the portion of intestine or omentum included, also the contents of the sac. There was no case in which the omentum alone was involved, and only one in which it formed a part. "Cohnheim classifies intestinal epithelium with other tissues exercising special functions, like the brain and kidneys, and says the time required to produce necrosis by interruption of the blood supply is within two hours." In cases of mortification it is difficult to fix the time at which the circulation in entirely cut off; and, in addition to the impairment of circulation by the constriction at the ring, there is more or less lessening of the calibre of the blood vessels from the distention by feces, gas and liquids. On the other hand, the life is prolonged by its being secluded from exposure to the air and being surrounded by living and well-nourished tissues. Another noticeable fact is that, with the exception of one, all of the patients were over fifty years of age. This would bear us out in the belief that they were so much more frequent in the aged and the statement that one out of three of the males over sixty are afflicted with hernia.

In herniotomy at this age we are guided but very little by the muscles and different layers of tissues as taught in our anatomy. The duration of the hernia has so changed the relation of these parts that they cannot be relied on, and in fact in the majority of cases cannot be definitely made out at all. Just before reaching the peritoneum we come to loose infiltrated cellular tissue, which is as much of a land-mark as can well be attested to. Aside from normal layers disappearing, abnormal ones are sometimes produced by the pressure of ill-fitting trusses, deposits of fat, gangliotic abscesses or the sloughing of a former omental hernia, as in the fourth case, which sometimes renders the dissection quite difficult to reach the sac. Again a number of forcible attemps by different parties at reduction — first the patient, second the family physician, consultant number one, then consultant number two — have caused the parts to become congested, infiltrated and sometimes ecchymosed. Desault truthfully says, "Think favorable of a hernia which has not been handled before operation."

The opening of the sac is the period of most interest to the operator, not only in his anxiety not to injure, but the appearance of the intestine is an indication of life or death to the

patient. If reduction is decided proper, it is generally easy to divide the aponeurotic ring, and, if this is not sufficient, then the neck of the sac proper. The best guide or direction for this division is the index finger. Although it may not be done as quickly, it is done more safely, and we feel that we know just where our knife is and the part it is cutting.

Again, the knife should be blunt pointed and dull of edge, so as to get more of a sawing or tearing open of the ring, and this in a number of places, instead of using a sharp knife and a single incision, otherwise the band may give way with a sudden jerk, and we find that we have a larger opening than was intended, and more of the peritoneum incised than was necessary, or perhaps some important blood vessel implicated.

If gangrene has rendered the return of the intestine impracticable and impossible, an artificial anus is to be hoped for, and the adhesions about the neck must be carefully broken up to facilitate this as much as possible. Cases are recorded of excising the gangrenous and reuniting the healthy portions. This did not seem practical in any of my cases.

In this operation there is not as much danger of injuring the blood vessels as might be supposed. I do not remember to have been compelled to tie a single artery in the nine operations.

Again, there should be as little handling as possible of the bowels or incised parts, and none but the operator should pass his finger into the abdominal cavity. The fact of two or three of the associates or perhaps assistants convincing themselves of the satisfactory return by a digital examination cannot but prejudice the safety of the patient.

The dangers of strangulated hernia cannot be too vividly portrayed to the practitioner, nor the importance of some well-defined course of action, should an emergency arise, too thoroughly impressed. The delay and consequent death of the patient often occurs from the waste of valuable time in sending for a second, third and even fourth consultant. This apparent strengthening of the case we all know to be most fallacious, and thus hour after hour and at times day after day go by until the operator is called and the scalpel used, but too late. Early operations diminish the mortality rate. Mr. Hey well says: "I have often had occasion to lament the performance of an operation too late, but never too early."

THE MEDICAL ANNALS.

A Journal of the Medical Society of the County of Albany.

EDITORIAL COMMITTEE:

F. C. CURTIS, M.D., LORENZO HALE, M.D.,
A. VAN DERVEER, M.D., JNO. BEN. STONEHOUSE, M.D.,
WILLIS G. TUCKER, M.D.

VOL. IV. DECEMBER, 1883. No. 12.

——THE present number completes the fourth volume of this journal. As it has received many good words, especially during the last year, and much commendation that we cannot believe altogether spoken out of mere compliment, the committee in charge conclude that it is the wish of the members of the society, many of whom have spoken earnestly for its continuance, that it should be kept up. There is no doubt that it speaks well for our society that there is enough zeal here to maintain a journal. It is our desire to forward this interest and also to represent the society reputably abroad, which we are told has been done. THE ANNALS is just what its title page states, a journal of the Albany County Medical Society. Valued contributions sometimes appear from outside its active membership, but it is essentially conducted in the interest of the society. It is hoped that this fact, which is somewhat unique among county societies, will rouse the pride of all of our members and bestir them to support it more heartily during the next year, and to make it a better representative of the profession of Albany than it has been heretofore.

Attention has also been paid to the Medical College, in which, as a part of our local medical interests, the profession is interested, and the journal is always open to contributions from its alumni. New arrangements are made for a supply of items of interest to them, and it is hoped that the members of the Alumni Association may make this journal their mouthpiece.

An index of the volume printed in this number shows what the journal has done during the year.

——The Erie County Society's Medical Bill.—The co-operation of the various incorporated medical societies of the state is asked by the Erie County Medical Society to secure the enactment of a law by the approaching legislature to establish what is termed a Medical Faculty of the University of the State of New York, in which shall exclusively exist the authority to grant the license to practice medicine in this state. This university, as residents of this state know, is not an educational institution, but, as intended by its founders, among whom was Alexander Hamilton, an organic head of the educational system of the state, holding a central control over the scattered state schools and academies, and to foster and encourage a uniform development of educational interests in the state. It is under the control of the Board of Regents, which consists of nineteen members elected by the senate, not officers of any college or academy, and also, *ex officio*, the Governor, Lieutenant Governor, Secretary of State and Superintendent of Public Instruction, and has been in existence for nearly a century. It holds an annual convocation and commencement, and has degree-conferring power. Its work, which is large, has been principally with schools of academic grade, but it receives returns from colleges and professional schools. Although existing by legislative appointment, it is kept free from political affiliation, is composed of men of note and eminent respectability, and receives the respect and consideration to which it is entitled.

The bill starts out with a plan of carrying out the University idea a step further by providing a Medical Faculty of the University. Its main intent, however, is to separate the teaching and licensing power — to take the latter from the schools and vest it solely in one body, the members of which are not connected with any teaching faculty, license to be granted only to those who shall pass its examination. Except in so far as this separation is made absolute, the proposition is not a new one. In 1872 an act was passed authorizing the Board of Regents to appoint boards of examiners in medicine, upon whose recommendation a degree and license is conferred, and under this law several have received diplomas.

This society has received, as have probably all the county societies, a copy of the bill, with a communication from the Erie County Society, by which it was originated and unanimously adopted, urging that an effort be made to secure its pas-

sage. It provides for the appointment of a "Faculty" consisting of nine members, who shall be physicians not connected with any medical school. Of these two shall be from the largest sectarian system of practice and one from the next largest. They are appointed in the first instance by the Governor, afterwards, as their terms expire, of three, four and five years, by the Board of Regents, on the nomination of the State Society whose representative goes from office. Their duty is to meet semi-annually to examine applicants for license to practice in this state, and after the first of next November no one shall enter upon practice in this state without their license. Application for examination, accompanied with a fee of twenty-five dollars, is to be made to the Chancellor of the University, to whom this faculty report the result of their examination, and if the applicant receives the vote of two-thirds of the examiners a license is issued to him by the Board of Regents. Eligibility to examination requires the applicant to be of good moral character, of the age of twenty-one, and to possess a diploma from a legally incorporated medical college held to be in good standing by the Faculty. Persons guilty of unprofessional conduct may be refused a license, and by a two-thirds vote they may revoke a license for like cause after giving the accused an opportunity to be heard in defense. They are empowered to administer oaths and take testimony in all matters relating to their duties, and to establish rules and elect officers deemed necessary to the execution of the act, subject to the approval of the regents. The successful applicant is to pay a further sum of fifteen dollars to the University and to register with the county clerk after making an affidavit under oath as to the facts registered. Perjury in the case, or violation of the act, or practicing without a license or under a diploma illegally obtained, subjects one to a heavy fine and, in addition, imprisonment on subsequent offense. To "practice physic or surgery" is accurately defined, and itinerant venders of nostrums are required to pay a license of one hundred dollars a month. Officers of the army and navy and those coming within the state on consultation are not subject to the act. The fees paid to the Regents are used to defray the expenses incurred under the act.

Freed of legal verbiage, these are the essential features of the act. It is seen that a large power is placed in the hands of this Faculty. They are not only the only avenue to a license to

practice in this state after the time specified, but they also have authority to revoke licenses for cause, and are further made the judges regarding the good standing of medical colleges. At the same time they are controlled by and act through the Board of Regents.

If all the good intentions ideally set forth can be realized, there can be no question as to this act receiving general commendation. Here is a high medical body, having the oversight of the medical interests, the one judge of the fitness of candidates for practice, a court of appeal regarding men and institutions, furnished with power to enforce its judgments. The argument raised against it, that the medical profession itself should judge of the fitness of its members in education and conduct, seems to have no weight on a perusal of its enactments, for the action of the Board of Regents in the matter is only perfunctory, and in so far as that Board affects it only gives it the requisite dignity and stamina. It furnishes one uniform grade of examination, and intelligently carried out will make it hard for improper men to practice or unworthy institutions to flourish. Ideally, at least, it cannot fail to raise the standard of medical education in this state. The general body of the profession will doubtless look with favor on it. The schools, the good ones at least, ought to favor it, for it will speedily relieve them of the competition of the poor ones, and will set up a healthy rivalry to turn out well-trained graduates. It will compel them all to do what the Albany Medical College has done—establish a three years' graded course. Perhaps the sum total of students will be less, but they will be better men. The public are not likely to suffer by it for lack of physicians yet awhile. Perhaps no better way can be suggested to meet the claims of the sectarian schools than the bill provides; for, though their representation is excessive, there is still a two-thirds majority above them. Many points might be spoken of in commendation of the bill, which in its make-up seems carefully drawn and above criticism.

The great question is whether the composition of this board, with its large powers, will always be what it should be. As far as political intrusion goes there is not much room for it. After the first appointments subsequent vacancies will be filled by the Board of Regents, an unpolitical body, and the state societies have the right, if they will, to nominate the appointees. Really the Faculty will be made up by the vote of the profession, and

will be representative of it. It may be presumed that a body of such high character will be worthy of the aspiration of the best men in the profession of this state. The bill looks toward meeting a demand long made, and the Erie County Medical Society is worthy of commendation for their zeal in its behalf.

Doctor Dover.—The originator of "Dover's Powder" was a friend and probably pupil of the great Sydenham. He commenced practice in Bristol, where having made some money, he longed to make more. The roll of the College of Physicians tells us that he joined with some merchants in fitting out two privateers for the South Seas, in one of which, the "Duke," he himself sailed from Bristol, August 2, 1708. On the passage out they touched at the island of Juan Fernandez, where Dover, in February, 1709, found Alexander Selkirk, who had been alone on the island for four years and four months, and whom Dover brought away in the "Duke." In the April following Dover took Gianguli, a city or town of Peru, by storm. In December, 1709, the two privateers took a large and valuable prize, a ship of twenty guns and 190 men, in which Dover removed from the "Duke," taking Alexander Selkirk with him as master, and finally reaching England in 1711. After the cruise, Dr. Dover removed to London, where his practice soon became great. His patients, and the apothecaries who wished to consult him, addressed their letters to the Jerusalem coffee house, where at certain hours of the day he received most of his patients.—*St. Louis Druggist.*

MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Abstract of the Minutes of the Annual Meeting, held October 9, 1883.

The annual meeting of the Medical Society of the County of Albany was held October 9, 1883.

Dr. Snow, President, in the chair.

Present: Drs. Steenberg, Devol, Rossman, Sabin, Peters, LaMoure, Case, Fartlett, Helme, Sabin, Jr., Mann, Hammer, of Schenectady, March, Bendell, Thompson, S. E. Ullman, Hays, Elmendorf, Hale, Ward, Tucker, Morrow, H. Hun, Hull, of Schnectady, Freeman, Moore, Scattergood, Rouchel, T. P. Bailey, M. J. Lewi, Nellis, Van Derveer, Curtis.

The minutes of the last semi-annual meeting were read and approved.

The report of the Board of Censors was made and accepted.

Dr. T. P. Bailey made a report as Treasurer, which was referred to a committee and subsequently accepted.

Dr. Perry, chairman of the Committee on Registration, presented a report, which was accepted.

Dr. Freeman, of the Committee on Room Decoration, made a report, which was accepted.

Drs. Charles M. Culver and J. W. Mann, both graduates of the Albany Medical College, having been recommended by the Board of Censors, were elected members.

On motion of Dr. Case a Committee on Legislation was appointed.

Communications received from Westchester and Erie Counties were, on motion, referred to the Committee on Legislation.

A communication from the State Medical Society, calling attention to the delinquency of this Society in the purchase of the annual volume of Transactions, was read.

The President, Dr. Snow, delivered the annual address, on the subject of "Strangulated Hernia."

Dr. Moore moved a vote of thanks to the President for his address, and that a copy be requested for publication. Carried.

The following officers were then elected, by ballot, for the ensuing year:

President—Dr. Herman Bendell, of Albany.

Vice-President—Dr. J. L. Archambeault, of Cohoes.

Secretary—Dr. E. A. Bartlett, of Albany.

Treasurer—Dr. T. P. Bailey, of Albany.

Censors—Drs. N. L. Snow, U. B. LaMoure, William Hailes, B. U. Steenberg and W. J. Nellis.

Dr. Curtis made a verbal report as chairman of the Committee on Hygiene, calling attention to the diseases which had been particularly prevalent during the year and the various unhealthy conditions about the city. As chairman of the Committee on editing the Medical Annals he also reported progress for the year, especially as to the completion of the third volume of Transactions and the binding of an edition of this with twelve portraits of members.

Reports accepted, and motion that the report on Hygiene be presented more in detail at a future meeting was adopted.

A vote of thanks was moved by Dr. Cook to the retiring officers, and adopted.

Society adjourned.

M. J. Lewi, *Secretary.*

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